Porter Medical Center's 2004

Act 53 Community Needs Assessment

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PREAMBLE

Porter Hospital would like to thank the members of our Community Advisory Committee for their hard work and dedication to developing this initial report. We gratefully acknowledge their contributions to this report (See Appendix for list of Contributors).

The Community Health Needs Assessment was a daunting task, with limited time to complete the assessment. As well, designated financial resources were not available to complete this report, since in passing Act 53, the Legislature did not allocate funds to support the requirements of this law. Therefore, our Committee members and the various community organizations that contributed to this project donated their own existing resources of time and funds.

Our Advisory Committee believes that this first Community Health Needs Assessment report is a "good start" and not by any means a "final report" or the end of the conversation. We have much to be proud of and much work to do. As a community, we are just at the beginning of a collaborative process to improve the health status of our community. Our Advisory Committee will continue to meet into 2005 and begin to lay the foundation for the first "update" of this Community Health Needs Assessment.

EXECUTIVE SUMMARY

ASSESSMENT SCHEDULE

The Porter Hospital Community Health Needs Assessment was completed on January 1, 2005 and will be updated by January 1, 2007. The next full Assessment will be completed by January 1, 2009.

RESOURCE PRIORITIES

"Priorities" identified by our Community Advisory Committee, within each of the sections set forth by the State of Vermont for this report, are defined in three (3) categories:

- **#1 Priorities** – "short term/immediate priorities" which are either currently being pursued and/or where there are no significant barriers or financial considerations
- **#2 Priorities** – priorities that are deemed important, but which require more study and/or resources that are not yet identified or available
- **#3 Priorities** – priorities that are deemed important, but will require the involvement of organizations/government entities outside the control of our community and/or require significant financial resources that are not available within our region

Following each of these priorities, we also have indicated whether it is a "Community Health Improvement Priority" (CHIP) or a "Health Care Resource Priority" (HCRP) per the guidelines for these Community Health Needs Assessment reports.

OVERALL MEASURES

CANCER

#1 Priority

- Continue and support Porter Hospital "Breast Health Resource Services" and the "Breast Cancer Screening and Education Project" (HCRP)
- Continue cancer prevention, detection, treatment and support programs now available through local healthcare providers (HCRP)

MATERNAL AND CHILD HEALTH

#1 Priority

- Construct a new "Birthing Center" at Porter Hospital and modernize the 30-year old facilities, to provide local families with appropriate birthing options here in our community (HCRP)
- Continue existing prenatal and postpartum exercise and educational programs (HCRP)

- Increase support for prenatal care services for all women to further decrease the incidence of low birthweight babies, improve early access to prenatal care and support in the areas of nutrition and smoking cessation. (HCRP)
- Promote awareness about the prevalence of domestic violence during pregnancy (CHIP)

#2 Priority

- Re-explore a hospital based nurse-midwifery option for area women (HCRP)
- Support existing midwifery services and explore ways to better coordinate midwifery care/services currently provided to area women (HCRP)
- Increase the availability of mental healthcare services for children and postpartum women (HCRP)
- Advocate for more children services and early childcare support (CHIP)
- Increase the availability of routing and specialized dental care for children (CHIP)

MENTAL HEALTH AND SUBSTANCE ABUSE

#1 Priority

- Support community efforts and programs to address substance abuse issues within the school setting and community (CHIP)
- Build upon existing and growing smoking cessation programs offered by Porter (HCRP)
- Continued development of co-occuring disorders capability of CRT staff and services by the Counseling Service of Addison County (CHIP)
- Increase family involvement in program and development planning by the Counseling Service of Addison County (CHIP)

#2 Priority

- Increase the capacity for adult and adolescent mental health and substance abuse services resulting from improved reimbursement in general for mental healthcare services- especially for uninsured patients. (CHIP)
- Increase treatment options for women with substance abuse issues (HCRP)
- Improve access to medical and mental healthcare services for developmentally disabled patients (CHIP)
- Return youth in SRS custody to Addison County where possible (CHIP)
- Increase the capacity for intensive home and community based child and family services for a variety of mental health conditions (CHIP)

#3 Priority

- Explore delivery of short-term psychiatric inpatient care in the community (HCRP)

CHRONIC DISEASE

#2 Priority

- Improve coordination among healthcare providers in managing patients with chronic disease(s), through increased capacity and better integration of services, as well as better community planning for the provision of chronic disease services (CHIP)
- Encourage Assisted Living opportunities/projects that fit appropriately within our community (HRCP)

#3 Priority

- Continue to explore local dialysis services in concert with Fletcher Allen Health Care (FAHC) (CHIP)
- Advocate for a better system to qualify disabled individuals for services (CHIP)

PREVENTION

#1 Priority

- Outreach to out of school youth through peer counseling programs. (CHIP)
- Increased use of smoke, carbon monoxide and radon detectors in homes. (CHIP)
- Increase in the percentage of children who receive well childcare throughout their school years. (CHIP)
- Decrease in exposure to environmental tobacco smoke. (CHIP)
- Maintaining preventive and educational services we currently offer throughout the community. (CHIP)

#2 Priority

- Increase in community grants that invest in effective prevention programs. (HCRP)
- Establish local STD and HIV prevention programs. (HCRP)
- Assure early detection and screening programs that are available and accessible to all populations. (CHIP)
-

#3 Priority

- Expand adult immunization program. (HCRP)
- Insurance coverage of preventive services. (HCRP)
- Advocate for safe and affordable housing in Addison County. (HCRP)
- Advocate for more affordable high quality childcare.

ACCESS

#1 Priority

- Support the work of Community Health Services of Addison County to facilitate access to medical care for the uninsured/underinsured including the investigation of ways to facilitate greater access to all levels of medical care (including specialty care, support groups, wellness classes and pharmaceuticals) (CHIP)
- Complete the Porter Hospital "North Project" to modernize medical facilities and provide the appropriate level of quality care (HCRP)
- Continue operation of Helen Porter Healthcare and Rehabilitation Center as a resource for institutional long-term care in our community, as well as short-term rehabilitation, respite and hospice services (HCRP)
- Support Elderly Services (ESI) and increase capacity for elder daycare, family respite care and eldercare counseling (CHIP)
- Advocate for local support and preservation of our not-for-profit system of home health care in order to ensure continued access to home healthcare services regardless of patient's location, clinical condition or ability to pay.

#2 Priority

- Increase access to preventive healthcare services for children and adults (CHIP)
- Support Counseling Service of Addison County (CSAC) and improved access to mental healthcare services for all, especially for Medicaid and uninsured individuals (CHIP)
- Increase education and support Complementary/Alternative Medicine options, in collaboration with other providers at the local and statewide level (HCRP)
- Advocate for more consistent ambulance coverage for emergencies and patient transport from hospital to hospital (CHIP)
- Improve transportation to medical services for those in need (HCRP)
- Recruit geriatric trained physicians (HCRP)

#3 Priority

- Explore ways to improve transportation to medical care and other vital services for people with chronic illness, including dialysis services (CHIP)
- Ensure continued access to home healthcare services regardless of patient's location, clinical condition or ability to pay (CHIP)

LIFESTYLE AND BEHAVIOR

#1 Priority

- Support community efforts and programs to address smoking and other substance abuse issues within the school setting and community (CHIP)
- Expand smoking cessation programs (HCRP)
- Place increased emphasis on nutrition education and physical activity within our community and school system, and promote healthy food/beverage choices in general and, specifically, within our school meal programs and vending machines (CHIP)
- Increase exercise opportunities for area youth to counter rising rates of obesity in our children and community (HCRP)

#2 Priority

- Increase opportunities for youth activities in a constructive/supervised environment (teen centers) (HCRP)

INJURY AND VIOLENCE

#1 Priority

- Support schools in addressing violence/bullying issues (CHIP)

#2 Priority

- Increase counseling/mental health services for victims of abuse/sexual assault (HCRP)

#3 Priority

- Recruit women dentists to serve victims of abuse/sexual assault (HCRP)

METHODOLOGY

PARTICIPANTS

Porter Hospital, has developed its first "Community Health Needs Assessment" report, as prescribed by Act 53, in collaboration with many area consumers and providers, including:

- Healthcare professionals
- Agency representatives of community organizations
- Government officials
- Community members and
- Business leaders

Working in concert with a "Community Advisory Committee," Porter Hospital endeavored to provide a comprehensive summary of the resources and strengths of our local healthcare system, as well as the challenges and needs that we feel should be addressed to improve the health status of our communities. A list of participants in the Porter Hospital service area "Community Health Needs Assessment" is provided in the Appendix.

SERVICE AREA

The service area studied for the Porter Medical Center Community Health Assessment was defined by the Vermont Department of Health, in consultation with Banking, Insurance, Securities and Healthcare Administration (BISHCA). Both qualitative and quantitative data for this Assessment were derived for this service area.

As this report was developed, concerns emerged regarding the patient populations served by many Addison County health and human services organizations-including Porter Hospital-that are not reflected in the "service area," as defined by the State of Vermont for this community health needs assessment. Most Addison County health and human services organizations provide services, and in some cases, extensive services, to individuals who reside in communities that are not technically part of the "Porter Hospital Service Area." The most striking example is Porter Hospital, which provides services to residents of Addison County, northern Rutland County, Essex County, New York and elsewhere in our region.

RESEARCH DESIGN

Porter Hospital utilized a variety of qualitative and quantitative research tools to obtain public input from a diverse population of individuals and groups throughout our community, including:

- Public meetings
- Focus group discussions
- Mail surveys
- Input from "Community Advisory Committee" members

PLAN TO UPDATE THE COMMUNITY NEEDS ASSESSMENT

Porter Hospital plans to update the Community Health Needs Assessment biennially, to continue to project a four year vision through:

- Ongoing meetings with our "Community Health Needs Assessment Advisory Committee"
- Participation in other local organizations to update the Community Health Needs Assessment
- Continued posting of the community survey on the Porter Hospital web site

2004 ANNUAL PUBLIC MEETING

MEETING SUMMARY

The 2004 Annual Meeting was held on October 21, 2004 at The Middlebury Inn. Many area healthcare professionals, agency representatives, community organizations, government officials, community members and business leaders were invited to this meeting.

MECHANISM FOR RECEIVING ONGOING PUBLIC COMMENT

Porter Hospital will continue to coordinate regular meetings of our "Community Needs Assessment Advisory Committee" to elicit feedback on changes or new issues that need to be contained in updates to our Assessment. Additionally, Porter will keep the Community Health Needs Assessment survey posted on our web site to solicit public comment, and hold at least one public meeting per year related to this topic.

DEMOGRAPHICS

2003 Population Estimates		
Middlebury Service Area		
Age	**Area**	**Vermont**
<1	303	6,698
1-4	1,188	27,104
5-9	1,771	37,840
10-14	1,910	43,904
15-17	1,337	27,276
18-19	1,705	21,355
20-24	2,826	42,465
25-29	1,301	31,826
30-34	1,448	37,283
35-39	1,841	43,752
40-44	2,113	51,666
45-49	2,229	52,368
50-54	2,120	47,737
55-59	1,701	38,298
60-64	1,138	27,930
65-69	931	21,486
70-74	792	19,196
75-79	725	16,433
80-84	478	11,773
85+	536	12,720
Total	**28,393**	**619,110**
% 0-19	**28.9%**	**26.5%**
% 65+	**12.2%**	**13.2%**

Vermont Individuals with Income Below 100% and 200% Federal Poverty Level (FPL)*		
Middlebury Service Area		
Status	**Area**	**Vermont**
Individuals with Known Poverty Status	25,407	588,053
Families below 100% FPL	2,295	55,506
Percent of families below 100% FPL	9%	9%
Families below 200% FPL	6,840	156,874
Percent of families below 200% FPL	27%	27%

- Based on individuals with known income from Census 2000

Count and Percent of Vermont Population by Race and Ethnicity*			
Middlebury Service Area			
Ethnicity	**Data Type**	**Area**	**Vermont**
Hispanic or Latino (any race)	Count	352	5,492
	%	1.3%	0.9%
White (non-Hispanic)	Count	26,631	585,430
	%	95.9%	96.2%
White	Count	26,833	589,258
	%	96.6%	96.8%
Asian	Count	230	5,255
	%	0.8%	0.9%
Black or African American	Count	180	3,048
	%	0.6%	0.5%
American Indian and Alaska Native	Count	63	2,438
	%	0.2%	0.4%
Other	Count	471	8,889
	%	1.7%	1.5%
Total population	**Count**	**27,774**	**608,827**

- Based on Census 2000. Categories do not add up to Total Population due to rounding.

OVERALL MEASURES OF COMMUNITY HEALTH AND HOSPITAL UTILIZATION

Top 10 Leading Causes of Death* STATEWIDE

Vermont			
Cause of Death	**Number of Deaths**	**Rate per 100,000****	**Rank**
Diseases of the Heart	7004	225.1	1
Malignant Neoplasms	6172	199.7	2
Cerebrovascular Diseases	1675	54.8	3
Chronic Lower Respiratory Diseases	1441	47.5	4
Accidents (Unintentional Injuries)	1106	36.1	5
Diabetes	806	26.2	6
Influenza & Pneumonia	731	21.2	7
Alzheimer's Disease	641	21.8	8
Suicide	390	12.5	9
Nephritis, Nephrotic Syndrome & Nephrosis	301	10.1	10
All Causes	25338	819.3	n/a

* Data is based on 1998 to 2002 Vital Records -- Death Data

** Age-adjusted to U.S. Standard 2000 population

Rate per 1,000 by Top 10 Clinical Classifications Software (CCS) Single Level Procedure Groups by Hospital Service Area*

Middlebury Service Area

CCS Group	Area			State	
	Observed	Age-Adjusted Rate per 1,000 Population		Observed	Rate per 1,000 Population
Electrographic cardiac monitoring	166	6.3	**	406	0.7
Percutaneous transluminal coronary angioplasty (PCTA)	89	3.4	**	1,379	2.2
Indwelling catheter	57	2.2	**	241	0.4
Hysterectomy, abdominal and vaginal[1]	54	4.0		1,154	3.7
Hip replacement, total and partial	53	2.0		943	1.5
Other therapeutic procedures	48	1.8		864	1.4
Other procedures to assist delivery[1]	45	3.2	**	2,099	6.7
Diagnostic cardiac catheterization, coronary arteriography	44	1.7		829	1.3
Electrocardiogram	43	1.6	**	53	0.1
Cesarean section[1]	42	3.3		1,307	4.2

* 2002 Hospital Discharges for VT Residents with Stays in VT, NH, NY, or MA Hospitals sorted descending by area observed values for CCS groups, newborns excluded.

**Age-adjusted rate significantly different from state rate at the .05 level, controlling for multiple comparisons [1]Sex-specific population used in rate calculation

State Rate per 1,000 by Top 10 Clinical Classifications Software (CCS) Single Level Procedure Groups*		
Vermont		
CCS Group	Observed	Rate per 1,000 Population
Other procedures to assist delivery[1]	2,099	6.7
Percutaneous transluminal coronary angioplasty (PCTA)	1,379	2.2
Cesarean section[1]	1,307	4.2
Hysterectomy, abdominal and vaginal[1]	1,154	3.7
Repair of current obstetric laceration[1]	1,095	3.5
Hip replacement, total and partial	943	1.5
Arthroplasty knee	924	1.5
Other therapeutic procedures	864	1.4
Diagnostic cardiac catheterization, coronary arteriography	829	1.3
Respiratory intubation and mechanical ventilation	813	1.3

* 2002 Hospital Discharges for VT Residents with Stays in VT, NH, NY, or MA Hospitals sorted descending by state observed values for CCS groups, newborns excluded.

[1]Sex-specific population used in rate calculation

State Rate per 1,000 for CCS Groups in the Top 10 for One or More Hospital Service Area*		
Vermont		
CCS Group	Observed	Rate per 1,000 Population
Psychological and psychiatric evaluation and therapy	659	1.1
Upper gastrointestinal endoscopy, biopsy	630	1.0
Appendectomy	630	1.0
Colorectal resection	612	1.0
Treatment, fracture or dislocation of hip and femur	600	1.0
Artificial rupture of membranes to assist delivery[1]	536	1.7
Diagnostic ultrasound of heart (echocardiogram)	497	0.8
Blood transfusion	484	0.8
Other vascular catheterization, not heart	475	0.8
Electrographic cardiac monitoring	406	0.7
Computerized axial tomography (CT) scan head	392	0.6
Fetal monitoring[1]	274	0.9
CT scan abdomen	258	0.4
Indwelling catheter	241	0.4
Cardiac stress tests	188	0.3
Electrocardiogram	53	0.1

* 2002 Hospital Discharges for VT Residents with Stays in VT, NH, NY, or MA Hospitals sorted descending by state observed values for CCS groups, newborns excluded.

[1]Sex-specific population used in rate calculation

Rate per 1,000 Inpatient Clinical MDC Groups by Hospital Service Area*				
Middlebury Service Area				
	Area		**State**	
MDC	Observed	Age-Adjusted Rate per 1,000 Population	Observed	Rate per 1,000 Population
Heart & Circulatory	509	19.2 **	9,979	16.2
Respiratory	281	10.5	5,807	9.4
Musculoskeletal	250	9.4	5,450	8.9
Delivery & Abortion[1]	238	17.2 **	6,602	21
Digestive	226	8.5	5,502	8.9
Mental Illness	127	4.6	3,093	5
Brain & C.N.S.	120	4.5	3,168	5.1
Female Reproductive[1]	79	5.9	1,674	5.3

All Other	72	2.7	1,326	2.2
Kidney & Urinary	65	2.4	1,690	2.7
Endocrine	62	2.3	1,628	2.6
Lymphatic	61	2.1 **	616	1
Skin & Breast	41	1.5	1,211	2
Liver & Pancreas	40	1.5 **	1,439	2.3
Infection	40	1.5	984	1.6
Ear, Nose, Mouth & Throat	39	1.3	636	1
Injury & Toxic Effects	36	1.3	839	1.4
Spleen & Blood	31	1.1	526	0.9
Male Reproductive[1]	21	1.6	447	1.5
Substance Abuse	12	0.4 **	638	1
Trauma	7	0.2	115	0.2
Eye	6	0.2	76	0.1
Burns	1	0	31	0.1
H.I.V.	0	0	30	0

* 2002 Hospital Discharges for VT Residents with Stays in VT, NH, NY, or MA Hospitals sorted descending by area observed values for MDC groups, newborns excluded.

**Age-adjusted rate significantly different from the state rate at the .05 level, controlling for multiple comparisons.
[1]Sex-specific population used in rate calculation

State Rate per 1,000 Top Inpatient Clinical MDC Groups*		
Vermont		
MDC	Observed	Rate per 1,000 Population
Heart & Circulatory	9,979	16.2
Delivery & Abortion[1]	6,602	21
Respiratory	5,807	9.4
Digestive	5,502	8.9
Musculoskeletal	5,450	8.9
Brain & C.N.S.	3,168	5.1
Mental Illness	3,093	5
Kidney & Urinary	1,690	2.7
Female Reproductive[1]	1,674	5.3
Endocrine	1,628	2.6
Liver & Pancreas	1,439	2.3
All Other	1,326	2.2
Skin & Breast	1,211	2
Infection	984	1.6
Injury & Toxic Effects	839	1.4
Substance Abuse	638	1
Ear, Nose, Mouth & Throat	636	1
Lymphatic	616	1
Spleen & Blood	526	0.9
Male Reproductive[1]	447	1.5
Trauma	115	0.2
Eye	76	0.1
Burns	31	0.1
H.I.V.	30	0

* 2002 Hospital Discharges for VT Residents with Stays in VT, NH, NY, or MA Hospitals sorted descending by state observed values for MDC groups, newborns excluded.

[1]Sex-specific population used in rate calculation

Age Adjusted Rate per 1,000 Top 25 Diagnosis Related Groups (DRG) by Hospital Service Area*				
Middlebury Service Area				
DRG	Area		State	
	Observed	Age-Adjusted Rate per 1,000 Population	Observed	Rate per 1,000 Population
Vaginal delivery w/o complicating diagnoses[1]	155	11.0 **	3,975	12.7
Major joint & limb reattachment proc	84	3.2	1,704	2.8
Simple pneumonia & pleurisy age >17 w/ CC[2]	82	4.1	1,646	3.5
Psychoses	69	2.5	1,827	3.0
Heart failure & shock	65	2.5	1,275	2.1
Percutaneous cardio proc w/ non-drug eluting stent w/o AMI	61	2.3 **	801	1.3
Uterine & adnexa proc for non-malignancy w/o CC[1]	49	3.6	947	3.0
Cesarean section w/o CC[1]	47	3.5	1,130	3.6
Chest pain	45	1.7 **	653	1.1
Esophagitis, gastroenteritis & misc digest disorders age >17 w/ CC[2]	45	2.2	863	1.8
Rehabilitation	43	1.6	890	1.4
Respiratory infections & inflammations age >17 w/ CC[2]	37	1.7 **	383	0.8
G.I. hemorrhage w/ CC	36	1.4	576	0.9
Neuroses except depressive	34	1.2	536	0.9
Chronic obstructive pulmonary disease	33	1.3	1,007	1.6
Specific cerebrovascular disorders except TIA	29	1.1	745	1.2
Coronary bypass w/ cardiac cath	27	1.0 **	331	0.5
Cardiac arrhythmia & conduction disorders w/ CC	27	1.0	612	1.0
Chemotherapy	26	0.9 **	195	0.3
Kidney & UT infections age >17 w/ CC[2]	25	1.3	405	0.9
Circulatory disorders w AMI & C.V. comp disch alive	23	0.9	542	0.9
Cardiac arrhythmia & conduction disorders w/o CC	23	0.9	455	0.7
Nutritional & misc metabolic disorders age >17 w/ CC[2]	23	1.1	554	1.2
Major small & large bowel proc w CC	22	0.8	607	1.0
Percutaneous cardio proc w/ AMI	22	0.8	490	0.8

* 2002 Hospital Discharges for VT Residents with Stays in VT, NH, NY, or MA Hospitals sorted descending by area observed values for DRGs, newborns excluded.

** Age-adjusted rate significantly different from state rate at the .05 level, controlling for multiple comparisons [1]Sex-specific population used in rate calculation
[2]Age-specific population used in rate calculation

State Rate per 1,000 Top 25 Diagnosis Related Groups (DRG)*

Vermont

DRG	Observed	Rate per 1,000 Population
Vaginal delivery w/o complicating diagnoses[1]	3,975	12.7
Psychoses	1,827	3.0
Major joint & limb reattachment proc	1,704	2.8
Simple pneumonia & pleurisy age >17 w/ CC[2]	1,646	3.5
Heart failure & shock	1,275	2.1
Cesarean section w/o CC[1]	1,130	3.6
Chronic obstructive pulmonary disease	1,007	1.6
Uterine & adnexa proc for non-malignancy w/o CC[1]	947	3.0
Rehabilitation	890	1.4
Esophagitis, gastroenteritis & misc digest disorders age >17 w/ CC[2]	863	1.8
Percutaneous cardio proc w/ non-drug eluting stent w/o AMI	801	1.3
Specific cerebrovascular disorders except TIA	745	1.2
Chest pain	653	1.1
Cardiac arrhythmia & conduction disorders w/ CC	612	1.0
Major small & large bowel proc w/ CC	607	1.0
G.I. hemorrhage w/ CC	576	0.9
Nutritional & misc metabolic disorders age >17 w/ CC[2]	554	1.2
Vaginal delivery w/ complicating diagnoses[1]	546	1.7
Circulatory disorders w AMI & C.V. comp disch alive	542	0.9
Neuroses except depressive	536	0.9
Percutaneous cardio proc w/ AMI	490	0.8
Esophagitis, gastroenteritis & misc digest disorders age >17 w/o CC[2]	458	1.0
Cardiac arrhythmia & conduction disorders w/o CC	455	0.7
Circ disorders w/ AMI no CV compl	446	0.7
Atherosclerosis w/ CC	446	0.7

* 2002 Hospital Discharges for VT Residents with Stays in VT, NH, NY, or MA Hospitals sorted descending by state
observed values for DRGs, newborns excluded.
**Age-adjusted rate significantly different from state rate at the .05 level, controlling for multiple comparisons
[1]Sex-specific population used in rate calculation [2]Age-specific population used in rate calculation

Inpatient Major Diagnostic Categories (MDCs)*
Ages 0-17 and 18-44

Porter Medical Center

MDC	Age 0-17				Age 18-44			
	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total
Delivery & Abortion	9	19.1%	152	6.1%	265	63.2%	6,176	42.4%
Heart & Circulatory	1	2.1%	48	1.9%	17	4.1%	581	4.0%
Respiratory	14	29.8%	583	23.5%	15	3.6%	509	3.5%
Digestive	7	14.9%	363	14.6%	24	5.7%	1,110	7.6%
Musculoskeletal	4	8.5%	209	8.4%	18	4.3%	873	6.0%
Female Reproductive	0	0.0%	14	0.6%	28	6.7%	693	4.8%
Brain & C.N.S.	0	0.0%	210	8.5%	9	2.1%	460	3.2%
Kidney & Urinary	1	2.1%	91	3.7%	7	1.7%	223	1.5%
Endocrine	2	4.3%	134	5.4%	6	1.4%	291	2.0%
Skin & Breast	0	0.0%	43	1.7%	3	0.7%	259	1.8%
Liver & Pancreas	1	2.1%	27	1.1%	3	0.7%	374	2.6%
Injury & Toxic Effects	3	6.4%	63	2.5%	8	1.9%	313	2.2%
Infection	1	2.1%	109	4.4%	2	0.5%	144	1.0%
Ear, Nose & Throat	2	4.3%	132	5.3%	6	1.4%	167	1.1%
Spleen & Blood	1	2.1%	86	3.5%	2	0.5%	78	0.5%
All Other	0	0.0%	27	1.1%	3	0.7%	187	1.3%
Male Reproductive	0	0.0%	5	0.2%	0	0.0%	9	0.1%
Mental Illness	0	0.0%	10	0.4%	1	0.2%	1,618	11.1%
Substance Abuse	0	0.0%	1	0.0%	2	0.5%	315	2.2%
Trauma	1	2.1%	21	0.8%	0	0.0%	68	0.5%
Eye	0	0.0%	15	0.6%	0	0.0%	17	0.1%
Lymphatic	0	0.0%	131	5.3%	0	0.0%	54	0.4%
Burns	0	0.0%	7	0.3%	0	0.0%	15	0.1%
H.I.V.	0	0.0%	0	0.0%	0	0.0%	23	0.2%
Total	47	100.0%	2,481	100.0%	419	100.0%	14,557	100.0%

*2002 Hospital Inpatient Stays for VT Residents and Non-Residents Excluding Newborns (MDC 15)

Inpatient Major Diagnostic Categories (MDCs)*
STATE

Vermont

MDC	Age 0-17		Age 18-44		Age 45-64		Age 65+		Total	
	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total
Heart & Circulatory	48	1.9%	581	4.0%	3,013	23.2%	6,134	27.6%	9,776	18.7%
Delivery & Abortion	152	6.1%	6,176	42.4%	8	0.1%	0	0.0%	6,336	12.1%
Respiratory	583	23.5%	509	3.5%	1,214	9.3%	3,519	15.8%	5,825	11.2%
Digestive	363	14.6%	1,110	7.6%	1,493	11.5%	2,521	11.3%	5,487	10.5%
Musculoskeletal	209	8.4%	873	6.0%	1,488	11.5%	2,824	12.7%	5,394	10.3%
Brain & C.N.S.	210	8.5%	460	3.2%	768	5.9%	1,533	6.9%	2,971	5.7%
Mental Illness	10	0.4%	1,618	11.1%	883	6.8%	332	1.5%	2,843	5.4%
Kidney & Urinary	91	3.7%	223	1.5%	358	2.8%	902	4.1%	1,574	3.0%
Female Reproductive	14	0.6%	693	4.8%	600	4.6%	263	1.2%	1,570	3.0%
Endocrine	134	5.4%	291	2.0%	372	2.9%	728	3.3%	1,525	2.9%
Liver & Pancreas	27	1.1%	374	2.6%	528	4.1%	534	2.4%	1,463	2.8%
All Other	27	1.1%	187	1.3%	466	3.6%	763	3.4%	1,443	2.8%
Skin & Breast	43	1.7%	259	1.8%	354	2.7%	497	2.2%	1,153	2.2%
Infection	109	4.4%	144	1.0%	265	2.0%	444	2.0%	962	1.8%
Injury & Toxic Effects	63	2.5%	313	2.2%	209	1.6%	229	1.0%	814	1.6%
Substance Abuse	1	0.0%	315	2.2%	287	2.2%	70	0.3%	673	1.3%
Ear, Nose & Throat	132	5.3%	167	1.1%	149	1.1%	184	0.8%	632	1.2%
Lymphatic	131	5.3%	54	0.4%	180	1.4%	183	0.8%	548	1.0%
Spleen & Blood	86	3.5%	78	0.5%	110	0.8%	226	1.0%	500	1.0%
Male Reproductive	5	0.2%	9	0.1%	175	1.3%	268	1.2%	457	0.9%
Trauma	21	0.8%	68	0.5%	26	0.2%	22	0.1%	137	0.3%
Eye	15	0.6%	17	0.1%	22	0.2%	29	0.1%	83	0.2%
Burns	7	0.3%	15	0.1%	8	0.1%	8	0.0%	38	0.1%
H.I.V.	0	0.0%	23	0.2%	9	0.1%	0	0.0%	32	0.1%
Total	2,481	100.0%	14,557	100.0%	12,985	100.0%	22,213	100.0%	52,236	100.0%

*2002 Hospital Inpatient Stays for VT Residents and Non-Residents Excluding Newborns (MDC 15)

Inpatient Top 25 Diagnosis Related Groups (DRG)*
Ages 0-17 and 18-44 Sorted Descending by Hospital Total

Porter Medical Center

DRG	Age 0-17				Age 18-44			
	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total
373--Vaginal delivery w/o compl diagnoses	8	17.0%	110	4.4%	174	41.5%	3,762	25.8%
89--Simple pneumonia & pleurisy age>17 w CC	0	0.0%	0	0.0%	3	0.7%	61	0.4%
127--Heart failure & shock	0	0.0%	2	0.1%	0	0.0%	19	0.1%
209--Maj joint & limb proc of lower extremity	0	0.0%	0	0.0%	0	0.0%	54	0.4%
143--Chest pain	0	0.0%	0	0.0%	10	2.4%	89	0.6%
371--Cesarean section w/o CC	1	2.1%	12	0.5%	48	11.5%	1,071	7.4%
182--Digestive diseases age>17 w CC	0	0.0%	0	0.0%	4	1.0%	153	1.1%
359--Uterine & adnexa proc--non-malig w/o CC	0	0.0%	8	0.3%	21	5.0%	472	3.2%
88--COPD--Chronic Obstructive Pulmon Dis	0	0.0%	0	0.0%	1	0.2%	26	0.2%
174--G.I. hemorrhage w CC	1	2.1%	2	0.1%	0	0.0%	17	0.1%
132--Atherosclerosis w CC	0	0.0%	0	0.0%	1	0.2%	16	0.1%
148--Major bowel procedures w CC	1	2.1%	8	0.3%	2	0.5%	75	0.5%
320--Kidney & UT infections age>17 w CC	0	0.0%	0	0.0%	3	0.7%	45	0.3%
296--Nutrit & metab disorders age>17 w CC	0	0.0%	0	0.0%	1	0.2%	41	0.3%
138--Cardiac arrhythmia & conduction dis w CC	0	0.0%	2	0.1%	1	0.2%	24	0.2%
374--Vaginal delivery w sterilization &/or D&C	0	0.0%	1	0.0%	24	5.7%	209	1.4%
79--Respiratory infect & inflam age>17 w CC	0	0.0%	0	0.0%	3	0.7%	65	0.4%
14--Intracranial hemorr & stroke w infarct	0	0.0%	2	0.1%	0	0.0%	21	0.1%
121--Circ disord w AMI & maj compl, disch alive	0	0.0%	0	0.0%	0	0.0%	6	0.0%
210--Hiip/femur proc ex maj joint age>17 w CC	0	0.0%	0	0.0%	0	0.0%	18	0.1%
183--Digestive dis age>17 w/o CC	0	0.0%	0	0.0%	3	0.7%	164	1.1%
204--Dis of pancreas exc malignancy	0	0.0%	2	0.1%	2	0.5%	145	1.0%
219--Low extrem/humer proc age>17 w/o CC	0	0.0%	0	0.0%	4	1.0%	115	0.8%
122--Circ dis w AMI w/o maj compl disch alive	0	0.0%	0	0.0%	1	0.2%	37	0.3%
236--Fractures of hip & pelvis	0	0.0%	4	0.2%	1	0.2%	15	0.1%
Total for top 25 DRGs	11	23.4%	147	5.9%	299	71.4%	6,408	44.0%
Total for all other DRGs	36	76.6%	2,334	94.1%	120	28.6%	8,149	56.0%
Total -- all DRGs	47	100.0%	2,481	100.0%	419	100.0%	14,557	100.0%

*2002 Hospital Inpatient Stays for VT Residents and Non-Residents Excluding Newborns (MDC 15)

Inpatient Top 25 Diagnosis Related Groups (DRG)*
STATE Sorted Descending by Hospital Total

Statewide

DRG	Age 0-17		Age 18-44		Age 45-64		Age 65+		Total	
	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total
373--Vaginal delivery w/o compl diagnoses	110	4.4%	3,762	25.8%	2	0.0%	0	0.0%	3,874	7.4%
89--Simple pneumonia & pleurisy age>17 w CC	0	0.0%	61	0.4%	291	2.2%	1,307	5.9%	1,659	3.2%
430--Psychoses	6	0.2%	893	6.1%	543	4.2%	174	0.8%	1,616	3.1%
209--Maj joint & limb proc of lower extremity	0	0.0%	54	0.4%	469	3.6%	1,082	4.9%	1,605	3.1%
127--Heart failure & shock	2	0.1%	19	0.1%	179	1.4%	1,135	5.1%	1,335	2.6%
371-- Cesarean section w/o CC	12	0.5%	1,071	7.4%	3	0.0%	0	0.0%	1,086	2.1%
88-- COPD--Chronic Obstructive Pulmon Dis	0	0.0%	26	0.2%	279	2.1%	756	3.4%	1,061	2.0%
462-- Rehabilitation	15	0.6%	107	0.7%	255	2.0%	625	2.8%	1,002	1.9%
359-- Uterine & adnexa proc--non-malig w/o CC	8	0.3%	472	3.2%	347	2.7%	69	0.3%	896	1.7%
182-- Digestive diseases age>17 w CC	0	0.0%	153	1.1%	239	1.8%	471	2.1%	863	1.7%
517-- Percutaneous card proc w stent w/o AMI	0	0.0%	37	0.3%	359	2.8%	393	1.8%	789	1.5%
14-- Intracranial hemorrhage & stroke w infarct	2	0.1%	21	0.1%	153	1.2%	586	2.6%	762	1.5%
143-- Chest pain	0	0.0%	89	0.6%	297	2.3%	324	1.5%	710	1.4%
138-- Cardiac arrhythmia & conduction dis w CC	2	0.1%	24	0.2%	130	1.0%	472	2.1%	628	1.2%
174-- G.I. hemorrhage w CC	2	0.1%	17	0.1%	109	0.8%	460	2.1%	588	1.1%
148-- Major bowel procedures w CC	8	0.3%	75	0.5%	176	1.4%	323	1.5%	582	1.1%
296-- Nutrit & metab disorders age>17 w CC	0	0.0%	41	0.3%	106	0.8%	421	1.9%	568	1.1%
121-- Circ disord w AMI & maj compl, disch alive	0	0.0%	6	0.0%	85	0.7%	471	2.1%	562	1.1%
427-- Neuroses except depressive	0	0.0%	370	2.5%	162	1.2%	10	0.0%	542	1.0%
183-- Digestive diseases age>17 w/o CC	0	0.0%	164	1.1%	167	1.3%	158	0.7%	489	0.9%
516-- Percutaneous card proc w AMI	0	0.0%	45	0.3%	239	1.8%	205	0.9%	489	0.9%
372-- Vaginal delivery w compl diagnoses	11	0.4%	474	3.3%	0	0.0%	0	0.0%	485	0.9%
132-- Atherosclerosis w CC	0	0.0%	16	0.1%	152	1.2%	316	1.4%	484	0.9%
139-- Cardiac arrhythmia & conduction dis w/o CC	4	0.2%	36	0.2%	139	1.1%	303	1.4%	482	0.9%
122-- Circ disord w AMI w/o maj compl, disch alive	0	0.0%	37	0.3%	189	1.5%	251	1.1%	477	0.9%
Total for top 25 DRGs	167	6.7%	7,507	51.6%	4,590	35.3%	9,442	42.5%	21,706	41.6%
Total for all other DRGs	2,314	93.3%	7,050	48.4%	8,395	64.7%	12,771	57.5%	30,530	58.4%
Total -- all DRGs	2,481	100%	14,557	100%	12,985	100%	22,213	100%	52,236	100%

*2002 Hospital Inpatient Stays for VT Residents and Non-Residents Excluding Newborns (MDC 15)

Outpatient Clinical Classifications Software (CCS) High Level Procedure Groups*
Ages 0-17 and 18-44

Porter Medical Center

CCS Group	Age 0-17				Age 18-44			
	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total
Operations on the digestive system	14	5.4%	529	7.8%	213	36.3%	4,266	19.3%
Operations on the musculoskeletal system	53	20.6%	1,203	17.7%	140	23.9%	4,188	18.9%
Operations on the eye	4	1.6%	291	4.3%	9	1.5%	318	1.4%
Operations on the nose, mouth & pharynx	73	28.4%	1,563	23.0%	37	6.3%	847	3.8%
Operations on the female genital organs	2	0.8%	48	0.7%	95	16.2%	2,617	11.8%
Operations on the skin & breast	8	3.1%	1,246	18.4%	47	8.0%	3,364	15.2%
Operations on the ear	92	35.8%	1,209	17.8%	8	1.4%	113	0.5%
Operations on the nervous system	1	0.4%	58	0.9%	17	2.9%	2,097	9.5%
Operations on the urinary system	0	0.0%	63	0.9%	4	0.7%	351	1.6%
Operations on the male genital organs	8	3.1%	270	4.0%	6	1.0%	245	1.1%
Operations on the respiratory system	2	0.8%	48	0.7%	3	0.5%	113	0.5%
Operations on the hemic & lymphatic system	0	0.0%	28	0.4%	3	0.5%	65	0.3%
Obstetrical procedures	0	0.0%	82	1.2%	3	0.5%	2,658	12.0%
Operations on the endocrine system	0	0.0%	10	0.1%	0	0.0%	83	0.4%
Operations on the cardiovascular system	0	0.0%	28	0.4%	1	0.2%	313	1.4%
Misc diagnostic & therapeutic procedures	0	0.0%	109	1.6%	0	0.0%	481	2.2%
Total	257	100.0%	6,785	100.0%	586	100.0%	22,119	100.0%

* 2002 Hospital Oupatient Procedures for Residents and Non-Residents

Outpatient Clinical Classifications Software (CCS) High Level Procedure Groups*
STATE Ages 0-64

Vermont

CCS Group	Age 0-17		Age 18-44		Age 45-64	
	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total
Operations on the digestive system	529	7.8%	4,266	19.3%	11,876	45.7%
Operations on the musculoskeletal system	1,203	17.7%	4,188	18.9%	3,971	15.3%
Operations on the skin & breast	1,246	18.4%	3,364	15.2%	2,528	9.7%
Operations on the eye	291	4.3%	318	1.4%	1,256	4.8%
Operations on the nervous system	58	0.9%	2,097	9.5%	2,440	9.4%
Operations on the female genital organs	48	0.7%	2,617	11.8%	841	3.2%
Operations on the nose, mouth & pharynx	1,563	23.0%	847	3.8%	499	1.9%
Obstetrical procedures	82	1.2%	2,658	12.0%	3	0.0%
Operations on the cardiovascular system	28	0.4%	313	1.4%	946	3.6%
Operations on the urinary system	63	0.9%	351	1.6%	633	2.4%
Operations on the ear	1,209	17.8%	113	0.5%	82	0.3%
Miscellaneous diagnostic & therapeutic procedures	109	1.6%	481	2.2%	262	1.0%
Operations on the male genital organs	270	4.0%	245	1.1%	186	0.7%
Operations on the respiratory system	48	0.7%	113	0.5%	241	0.9%
Operations on the hemic & lymphatic system	28	0.4%	65	0.3%	97	0.4%
Operations on the endocrine system	10	0.1%	83	0.4%	107	0.4%
Total	6,785	100.0%	22,119	100.0%	25,968	100.0%

* 2002 Hospital Oupatient Procedures for Residents and Non-Residents

Top 10 Outpatient Clinical Classifications Software (CCS) Single Level Procedure Groups*
Ages 0-17 and 18-44 Sorted Descending by Hospital Total

Porter Medical Center

CCS Group	Age 0-17				Age 18-44			
	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total
Colonoscopy & biopsy	0	0.0%	51	0.8%	78	13.3%	1,024	4.6%
Lens & cataract procedures	0	0.0%	13	0.2%	4	0.7%	74	0.3%
Other non-OR lower GI therapeutic procedures	0	0.0%	9	0.1%	2	0.3%	330	1.5%
Upper gastrointestinal endoscopy, biopsy	0	0.0%	106	1.6%	27	4.6%	901	4.1%
Tonsillectomy and/or adenoidectomy	70	27.2%	793	11.7%	15	2.6%	211	1.0%
Inguinal & femoral hernia repair	3	1.2%	173	2.5%	28	4.8%	410	1.9%
Myringotomy	71	27.6%	1,044	15.4%	4	0.7%	18	0.1%
Cholecystectomy & common duct exploration	2	0.8%	20	0.3%	26	4.4%	485	2.2%
Bunionectomy or repair of toe deformities	11	4.3%	20	0.3%	22	3.8%	133	0.6%
Excision of semilunar cartilage of knee	3	1.2%	53	0.8%	20	3.4%	517	2.3%
Total for top 10 CCS procedure groups	160	62.3%	2,282	33.6%	226	38.6%	4,103	18.5%
Total for all other CCS procedure groups	97	37.7%	4,503	66.4%	360	61.4%	18,016	81.5%
Total -- all CCS procedure groups	257	100.0%	6,785	100.0%	586	100.0%	22,119	100.0%

*2002 Emergency Department Visits by VT Residents and Non-Residents, Including Visits that Resulted in Admission

Top 10 Outpatient Clinical Classifications Software (CCS) Single Level Procedure Groups*
STATE Ages 0-64 Sorted Descending by Hospital Total

Vermont

CCS Group	Age 0-17		Age 18-44		Age 45-64	
	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total
Other therapeutic procedures	51	0.8%	1,024	4.6%	5,163	19.9%
Colonoscopy & biopsy	9	0.1%	330	1.5%	3,261	12.6%
Suture of skin & subcutaneous tissue	13	0.2%	74	0.3%	833	3.2%
Lens & cataract procedures	106	1.6%	901	4.1%	1,314	5.1%
Other non-OR lower GI therapeutic procedures	870	12.8%	1,399	6.3%	386	1.5%
Other therapeutic procedures on muscles & tendons	4	0.1%	733	3.3%	1,116	4.3%
Insertion catheter/spinal stimulator/injection into spinal canal	80	1.2%	2,537	11.5%	3	0.0%
Upper gastrointestinal endoscopy, biopsy	120	1.8%	716	3.2%	941	3.6%
Decompression peripheral nerve	147	2.2%	508	2.3%	612	2.4%
Excision of semilunar cartilage of knee	53	0.8%	517	2.3%	847	3.3%
Total for top 10 CCS procedure groups	1,453	21.4%	8,739	39.5%	14,476	55.7%
Total for all other CCS procedure groups	5,332	78.6%	13,380	60.5%	11,492	44.3%
Total -- all CCS procedure groups	6,785	100.0%	22,119	100.0%	25,968	100.0%

* 2002 Hospital Oupatient Procedures for Residents and Non-Residents

Emergency Department Clinical Classifications Software (CCS) High Level Diagnosis Groups*
Ages 0-17 and 18-44

Porter Medical Center

CCS Group	Age 0-17				Age 18-44			
	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total
Injury & poisoning	1,237	49.6%	18,995	44.7%	2,135	35.5%	32,413	33.9%
Diseases of the respiratory system	351	14.1%	6,248	14.7%	604	10.0%	9,422	9.9%
Symptoms, signs & ill-defined conditions	218	8.7%	5,094	12.0%	716	11.9%	10,209	10.7%
Diseases of the nervous system & sense organs	281	11.3%	4,465	10.5%	462	7.7%	7,968	8.3%
Diseases of the digestive system	114	4.6%	1,717	4.0%	523	8.7%	7,896	8.3%
Musculoskeletal system & connective tissue	43	1.7%	1,141	2.7%	462	7.7%	7,824	8.2%
Diseases of the circulatory system	20	0.8%	287	0.7%	154	2.6%	3,108	3.3%
Diseases of the genitourinary system	43	1.7%	909	2.1%	352	5.9%	4,946	5.2%
Diseases of the skin & subcutaneous tissue	51	2.0%	799	1.9%	180	3.0%	2,486	2.6%
Mental disorders	32	1.3%	690	1.6%	155	2.6%	4,809	5.0%
Infectious & parasitic diseases	85	3.4%	1,407	3.3%	98	1.6%	1,539	1.6%
Neoplasms	4	0.2%	20	0.0%	26	0.4%	108	0.1%
Endocrine, nutritional, metabolic & immunity disorders	9	0.4%	330	0.8%	43	0.7%	820	0.9%
Residual codes, unclassified, all Ecodes	2	0.1%	164	0.4%	31	0.5%	463	0.5%
Complications of pregnancy & childbirth	1	0.0%	87	0.2%	62	1.0%	1,385	1.5%
Diseases of the blood & blood-forming organs	1	0.0%	27	0.1%	8	0.1%	86	0.1%
Congenital anomalies	2	0.1%	37	0.1%	4	0.1%	23	0.0%
Conditions originating in the perinatal period	2	0.1%	111	0.3%	0	0.0%	1	0.0%
Total	2,496	100.0%	42,528	100.0%	6,015	100.0%	95,506	100.0%

*2002 Emergency Department Visits by VT Residents and Non-Residents, Including Visits that Resulted in Admission

Emergency Department Clinical Classifications Software (CCS) High Level Diagnosis Groups*
STATEWIDE

Vermont

CCS Group	Age 0-17		Age 18-44		Age 45-64		Age 65+		Total	
	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total
Injury & poisoning	18,995	44.7%	32,413	33.9%	11,194	27.7%	7,118	20.0%	69,720	32.6%
Diseases of the respiratory system	6,248	14.7%	9,422	9.9%	4,382	10.8%	5,355	15.1%	25,407	11.9%
Symptoms, signs & ill-defined conditions	5,094	12.0%	10,209	10.7%	4,004	9.9%	2,992	8.4%	22,299	10.4%
Diseases of the nervous system & sense organs	4,465	10.5%	7,968	8.3%	3,269	8.1%	1,935	5.4%	17,637	8.2%
Diseases of the digestive system	1,717	4.0%	7,896	8.3%	2,941	7.3%	2,882	8.1%	15,436	7.2%
Diseases of the circulatory system	287	0.7%	3,108	3.3%	4,505	11.1%	6,943	19.5%	14,843	6.9%
Musculoskeletal system & connective tissue	1,141	2.7%	7,824	8.2%	3,366	8.3%	2,326	6.5%	14,657	6.8%
Diseases of the genitourinary system	909	2.1%	4,946	5.2%	1,767	4.4%	1,793	5.0%	9,415	4.4%
Mental disorders	690	1.6%	4,809	5.0%	1,792	4.4%	665	1.9%	7,956	3.7%
Diseases of the skin & subcutaneous tissue	799	1.9%	2,486	2.6%	1,204	3.0%	849	2.4%	5,338	2.5%
Infectious & parasitic diseases	1,407	3.3%	1,539	1.6%	534	1.3%	503	1.4%	3,983	1.9%
Endocrine, nutritional, metabolic & immunity disorders	330	0.8%	820	0.9%	772	1.9%	1,082	3.0%	3,004	1.4%
Complications of pregnancy & childbirth	87	0.2%	1,385	1.5%	9	0.0%	0	0.0%	1,481	0.7%
Residual codes, unclassified, all Ecodes	164	0.4%	463	0.5%	320	0.8%	346	1.0%	1,293	0.6%
Neoplasms	20	0.0%	108	0.1%	298	0.7%	507	1.4%	933	0.4%
Diseases of the blood & blood-forming organs	27	0.1%	86	0.1%	97	0.2%	213	0.6%	423	0.2%
Conditions originatiing in the perinatal period	111	0.3%	1	0.0%	0	0.0%	0	0.0%	112	0.1%
Congenital anomalies	37	0.1%	23	0.0%	8	0.0%	9	0.0%	77	0.0%
Total	42,528	100.0%	95,506	100.0%	40,462	100.0%	35,518	100.0%	214,014	100.0%

*2002 Emergency Department Visits by VT Residents and Non-Residents, Including Visits that Resulted in Admission

Top 20 Emergency Department Clinical Classifications Software (CCS) Single Level Diagnosis Groups* Ages 0-17 and 18-44 Sorted Descending by Hospital Total

Porter Medical Center

CCS Group	Age 0-17				Age 18-44			
	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total
Sprains & strains	228	9.1%	3,220	7.6%	553	9.2%	8,942	9.4%
Superficial injury, contusion	254	10.2%	4,500	10.6%	441	7.3%	7,119	7.5%
Open wounds of extremities	160	6.4%	1,899	4.5%	390	6.5%	4,569	4.8%
Other upper respiratory infections	195	7.8%	3,282	7.7%	277	4.6%	3,901	4.1%
Other injuries & cond due to external causes	146	5.8%	2,356	5.5%	221	3.7%	3,227	3.4%
Abdominal pain	69	2.8%	1,374	3.2%	234	3.9%	4,808	5.0%
Spondylosis, disc & other back problems	14	0.6%	303	0.7%	271	4.5%	3,797	4.0%
Medical examination/evaluation	23	0.9%	157	0.4%	249	4.1%	749	0.8%
Open wounds of head, neck, & trunk	167	6.7%	2,267	5.3%	117	1.9%	1,554	1.6%
Headache, including migraine	14	0.6%	400	0.9%	181	3.0%	3,409	3.6%
Fracture of upper limb	120	4.8%	1,981	4.7%	92	1.5%	1,632	1.7%
Disorders of teeth & jaw	7	0.3%	255	0.6%	254	4.2%	3,704	3.9%
Urinary tract infections	26	1.0%	445	1.0%	172	2.9%	1,771	1.9%
Nonspecific chest pain	11	0.4%	168	0.4%	97	1.6%	1,767	1.9%
Otitis media & related conditions	172	6.9%	2,418	5.7%	77	1.3%	843	0.9%
Noninfectious gastroenteritis	71	2.8%	487	1.1%	120	2.0%	1,018	1.1%
COPD & bronchiectasis	30	1.2%	125	0.3%	88	1.5%	549	0.6%
Other connective tissue disease	13	0.5%	342	0.8%	102	1.7%	2,066	2.2%
Fracture of lower limb	49	2.0%	663	1.6%	82	1.4%	1,043	1.1%
Pneumonia (except TB or STD related)	31	1.2%	418	1.0%	30	0.5%	448	0.5%
Total for top 20 CCS groups	1,800	72.1%	27,060	63.6%	4,048	67.3%	56,916	59.6%
Total for all other CCS groups	696	27.9%	15,468	36.4%	1,967	32.7%	38,590	40.4%
Total -- all CCS groups	2,496	100.0%	42,528	100.0%	6,015	100.0%	95,506	100.0%

*2002 Emergency Department Visits by VT Residents and Non-Residents, Including Visits that Resulted in Admission

Top 20 Emergency Department Clinical Classifications Software (CCS) Single Level Diagnosis Groups* STATE Sorted Descending by State Total

Vermont

CCS Group	Age 0-17		Age 18-44		Age 45-64		Age 65+		Total	
	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total	State Actual Count	% of State Total
Sprains & strains	3,220	7.6%	8,942	9.4%	2,490	6.2%	794	2.2%	15,446	7.2%
Superficial injury, contusion	4,500	10.6%	7,119	7.5%	2,220	5.5%	1,574	4.4%	15,413	7.2%
Open wounds of extremities	1,899	4.5%	4,569	4.8%	1,684	4.2%	643	1.8%	8,795	4.1%
Abdominal pain	1,374	3.2%	4,808	5.0%	1,679	4.1%	910	2.6%	8,771	4.1%
Other upper respiratory infections	3,282	7.7%	3,901	4.1%	961	2.4%	356	1.0%	8,500	4.0%
Other injuries/conditions due to external causes	2,356	5.5%	3,227	3.4%	1,055	2.6%	639	1.8%	7,277	3.4%
Spondylosis, disc & other back problems	303	0.7%	3,797	4.0%	1,425	3.5%	807	2.3%	6,332	3.0%
Headache, including migraine	400	0.9%	3,409	3.6%	1,172	2.9%	274	0.8%	5,255	2.5%
Nonspecific chest pain	168	0.4%	1,767	1.9%	1,873	4.6%	1,263	3.6%	5,071	2.4%
Fracture of upper limb	1,981	4.7%	1,632	1.7%	713	1.8%	588	1.7%	4,914	2.3%
Open wounds of head, neck, & trunk	2,267	5.3%	1,554	1.6%	505	1.2%	466	1.3%	4,792	2.2%
Disorders of teeth & jaw	255	0.6%	3,704	3.9%	453	1.1%	66	0.2%	4,478	2.1%
Other connective tissue disease	342	0.8%	2,066	2.2%	1,024	2.5%	649	1.8%	4,081	1.9%
Other lower respiratory disease	731	1.7%	1,445	1.5%	803	2.0%	933	2.6%	3,912	1.8%
Urinary tract infections	445	1.0%	1,771	1.9%	556	1.4%	777	2.2%	3,549	1.7%
Other non-traumatic joint disorders	440	1.0%	1,724	1.8%	743	1.8%	602	1.7%	3,509	1.6%
Skin & subcutaneous tissue infections	416	1.0%	1,653	1.7%	846	2.1%	584	1.6%	3,499	1.6%
Otitis media & related conditions	2,418	5.7%	843	0.9%	165	0.4%	43	0.1%	3,469	1.6%
Pneumonia (except TB or STD related)	418	1.0%	448	0.5%	545	1.3%	1,509	4.2%	2,920	1.4%
Fracture of lower limb	663	1.6%	1,043	1.1%	619	1.5%	345	1.0%	2,670	1.2%
Total for top 20 CCS groups	27,878	65.6%	59,422	62.2%	21,531	53.2%	13,822	38.9%	122,653	57.3%
Total for all other CCS groups	14,650	34.4%	36,084	37.8%	18,931	46.8%	21,696	61.1%	91,361	42.7%
Total -- all CCS groups	42,528	100.0%	95,506	100.0%	40,462	100.0%	35,518	100.0%	214,014	100.0%

*2002 Emergency Department Visits by VT Residents and Non-Residents, Including Visits that Resulted in Admission

CANCER

Incidence of Cancer*				
Middlebury Service Area				
Type	**Area**		**Vermont (overall)**	
	Rate per 100,000	Cases Per Year	Rate per 100,000	Cases Per Year
Female Breast Cancer (Invasive)	177.8	25	138.0	463
Colon and Rectum (Invasive)	54.9	14	57.9	353
Lung (Invasive)	72.4	19	67.7	413
Melanoma of the Skin (Invasive)	28.1	8	24.4	151
Prostate (Invasive)	232	28	157.7	426
Cervix (Invasive)	8.2	~~	9.6	31
All Site Groupings Combined (includes in situ bladder)	582.8	154	488.4	2,998

* Database is Vermont Cancer Registry 1997-2001.

** Rates are age-adjusted to the 2000 U.S. (18 age groups) standard. Confidence intervals are 95% for rates.
~~Indicates that statistics is not displayed due to less than 6 cases.

COMMUNITY INPUT

Cancer Prevention and Treatment Resources

Porter Hospital offers a variety of services for patients suffering from cancer, including:

- The "Breast Health Resource Service" offering access to state-of-the-art cancer screening, detection, treatment and support
- Low-cost mammography services through the "Breast Cancer Screening and Education Project" for women without health insurance or with high deductibles, which present an impediment to seeking this important test
- Cancer chemotherapy, Biotherapy and Hormonal Therapy in Middlebury, in collaboration with the Vermont Center for Cancer Medicine
- Surgical Oncology services through Green Mountain Urology, Lake Champlain Gynecologic Oncology and surgeons Drs. Carl Petri and Brad Fuller
- Two (2) cancer support groups, which meet in Middlebury – "Addison County Man to Man Prostate Cancer Support Group" and "Hellenback Cancer Support Group"

PRIORITIES

- Continue and support Porter Hospital "Breast Health Resource Services" and the "Breast Cancer Screening and Education Project"
- Continue cancer prevention, detection, treatment and support programs now available through local healthcare providers

MATERNAL AND CHILD HEALTH

Maternal / Child Health*		
Middlebury Service Area		
Vital Statistic	**Area**	**Vermont (overall)**
% of Mothers Who Received 1 st Trimester Prenatal Care	86.8%	88.9%
% of Mothers Who Received Adequate Prenatal Care	78 .4%	82 .2%
% of Mothers Who Reported Using Tobacco During Pregnancy (any trimester)	16.2%	20.1%
% of Births Weighed <2500 Grams (singleton births only)	3.0%	4.6%
% of Mothers With Inadequate Weight Gain During Pregnancy (full term births only)	20.8%	21.3%
% of Mothers With Excessive Weight Gain During Pregnancy (full term births only)	41.9%	43.3%

* Data is based on 2000 to 2002 Vermont resident births.

COMMUNITY INPUT

Low Birth Weight Babies

- The statewide goal for low birth weight babies (<2500 grams) has been 5% since 1990. From 1990 to 2001, the proportion of Addison County low birth weight babies declined from 6% to 4.9%. In 2001, Addison County compared favorably with the Vermont goal and was below the statewide average of 5.9%. [1]

Prenatal Care Initiation

- From 1997 to 2001, almost 90% of Addison County women received first trimester prenatal care, remaining nearly constant (88.9% in 1997 and 88.8% in 2001), but slightly below the State goal of 90%. [2]

Cesarean Section Deliveries

- Porter Hospital's C-Section rate has consistently ranked among the lowest in Vermont. From 1997 to 2001, both Porter Hospital and the State of Vermont fell below the national average of cesarean section deliveries. [2]

COMMUNITY INPUT

Addison County has a wealth of maternal/child healthcare resources, including family practice physicians, pediatricians, OB/GYN specialists and other healthcare professionals.

OB/Gyn Resources

- Through the recruitment of Drs. Elizabeth Call and Anne Galante, to join Drs. James Malcolm and Alan Ayer in the practice of OB/Gyn services, Addison County women now have access to an array of OB/Gyn providers. Many family practice physicians and nurse practitioners within our community also provide Gyn services to their patients.
- Our community has a very strong local office of Planned Parenthood of Northern New England (PPNNE), which offers a variety of healthcare services for women.
- "Addison County is not underserved in terms of availability of providers offering Gyn care. There is actually quite a bit of competition, which offers a variety of choice to consumers. PPNNE continues to fill an important niche in the community, particularly among younger women; however, long-term retention is problematic, as many patients feel they must 'graduate' to other providers, as they get older." [3]
- Porter Hospital offers a variety of prenatal and postpartum educational and exercise programs for area women.
- Porter Hospital, through its unique Porter Care Connection program, offers women the option of a consultative appointment with a maternity nurse free of charge between 2 and 5 days after hospital discharge. This visit provides an opportunity for the baby to be

assessed for problems, and for women to obtain assistance with breastfeeding, have their incision checked, baby weighed, and questions answered.

Data concerning the Porter Care Connection demonstrates an increasing number of mother's breastfeeding exclusively, as well as those using a combination of breastfeeding and formula. In 2003, 78% of new mothers were breastfeeding, 9% used a combination (up from 67% and 3%, respectively, in 1998). [4]

Porter's 2003 breastfeeding initiation rates meet the Healthy People 2010 goal to have 75% of women initiating breastfeeding, 50% still breastfeeding at six months, and 25% still breastfeeding at one year.

In 2002, a Pediatric Nutrition Surveillance study showed that both Addison County and Vermont were above the national average for breastfeeding in general, breastfeeding at six months and breastfeeding at twelve months.

OB/Gyn Needs

- Modernization of Porter Hospital Birthing Facilities

  Many personal interview and mail survey respondents expressed the need for modernization of the Porter Hospital birthing facilities as a community priority. Porter Hospital has been developing plans since the late 1990's to create a "Birthing Center" to replace its existing 30-year old maternity facilities. Many community members and providers of care indicated their support of Porter Hospital's current Certificate of Need (CON) application to modernize its birthing facilities.

- Midwifery services

  "A progressive birthing center at Porter Hospital would be an asset to this community and to Porter. It should be inclusive of midwifery services in the delivery room and in the prenatal setting. It is an option that many couples want." [3]

  The desire on the part of local women for a nurse-midwifery option was also expressed by a number of respondents to our mailed survey and during interviews with community members.

  Our Advisory Committee indicated that lay midwives currently practice within our community "outside" the current system of care, with limited interaction with other local providers. It was felt that exploration of ways to better coordinate care should be considered.

Child Health Resources

- "We have seen significant improvement in physicians' understanding about the reality of young parents' lives. Physicians are much more open to including the childcare community in plans to meet the healthcare needs of the families they both serve." [5]
- The Addison County Supervisory Union (ACSU) Health Advisory Council, comprised of school staff, health professionals and parents, uses a Coordinated School Health Model to address the physical and emotional needs of students. In 2002, data from the ACSU

School Report and the Community Profile (AHS Document) underscores the progress made in improving health outcomes for children in our community:

- "Physical Health – MASH (Middlebury-Addison School Health): a group of school nurses, physicians, office nurses, public health, and mental health professionals meet quarterly to collaborate on children and youth health. We have successfully improved data on the number of students with health insurance, identified students' medical and dental home, improved immunization compliance, and increased school attendance for students with chronic health conditions.

  Through Early Periodic Screening, Diagnosis and Treatment (EPSDT) funding and school board support, we have been able to maintain school nurse ratios of 1:500, however, this is under threat due to serious state budget challenges at the Departments of Health and Education.
- Psychosocial Health – ACSU schools now employ 2 full time psychologists, school guidance counselors at each school, and several school-based clinicians from CSAC, however, this may change due to projected reduced funding. Our county has a strong collaborative effort with the mental health agency and a high utilization rate. Through this partnership, identified students identified are able to receive services.
- "Changing Families" – School counselors meet with children individually and in groups to provide support for children in new family constellations.
- Undernourished or Poor Nutritional Status – The nutrition and physical activity of students is an area we continue to advocate for changes, but family and community involvement is critical if we hope to see any improvement. Our coordinated school health program is currently advocating for increased physical activities during the school day and after school, and working closely with food services to improve the nutritional content of school meals. We are also developing a comprehensive nutrition education program for all students.
- Extracurricular Activities – Mary Johnson's Children Center hosts after school care for many area children. Public libraries report high numbers of student visits after school. The Middlebury Interfaith group successfully raised funds to sponsor a summer meals and recreation program for 5 weeks during the last two summers. A number of elementary schools offer parent sponsored after school clubs." [6]

Child Health Needs

- Medical services

  1 out of 8 children has a physical problem.[6] Several medical service needs were identified, including:

  - Fewer services are available for children in Bristol and Vergennes than in Middlebury.
  - Parents need to travel to Burlington for specialty services such as Asthma Clinics.
  - There are no rooms specifically designed for children at Porter Hospital. [5]

- Nutrition and Exercise Curriculum

There is a general view, expressed by many survey respondents and those interviewed, that a lack of proper exercise and nutrition are a very serious public health issue in our community/county/State. A variety of school nurses stressed the need for a "real health curriculum" at all levels of our public school system, citing proper nutrition and lack of exercise as contributing to many health and social problems.

The rate of overweight students is increasing. The schools are in the process of collecting Body Mass Index's (BMI's) on students. A small sample at Mary Hogan School indicated that 30% of K-6 students are at risk for obesity. At the 5-6 grades it is over 35% at risk for obesity. (At risk represents children with a BMI over the 85th percentile for the age.) [6]

- Access to Mental Health Services

  One in 4 children has psychosocial problems and 1 of 2 children is in "Changing Families," which impacts their emotional stability and academic achievement. [6]

  "The early childhood community is seeing an increase in the need for mental health services for young children. While this includes increased numbers of children with autism and other disorders that can be labeled, mental health services for children experiencing other mental health challenges are hard to access. The need seems to be growing and the social-emotional state of our students remains a priority issue in schools." [5]

- Extracurricular Activities

  The hours of 3:00 to 6:00 pm, when children and youth are unsupervised, is primetime for 'at risk behaviors.' A Year 2000 Parent Survey indicated that 80% of 4-6th graders and 40-50% of Middle School students did not have enough to do after school. [6]

  Despite existing efforts, the need for after school care and activities remains a challenge for most working parents. Activities that are offered are limited by time and enrollment capacity. Staffing is usually on a volunteer basis and many are not trained to work with children. Funding is a major barrier. The Middlebury Recreation Department has numerous sports activities throughout the year, but cost and transportation prohibits many students from accessing them. Art lessons are only available to families who can afford them. [6]

- Substance Abuse Programs

  We have seen a reduction in tobacco use thanks to a comprehensive community effort, but use of other substances continues to be a problem. Students report easy access to marijuana and perceived social norm. Other drugs are also available and students are experimenting with these more dangerous substances. Health education at middle school and high school addresses this issue, but our community needs to work more collaboratively on this problem. [6]

- Violence and Bullying Policies in Schools

  Public awareness of this problem is increasing with new legislation and information. Our schools plan to explore policy and school climate to address the issue of student safety. Community involvement will be required to address this issue.

PRIORITIES

- Construct a new "Birthing Center" at Porter Hospital and modernize the 30-year old facilities, to provide local families with appropriate birthing options here in our community
- Continue existing prenatal and postpartum exercise and educational programs
- Increase support for prenatal care services for all women
- Promote awareness about the prevalence of domestic violence during pregnancy
- Re-explore a hospital based nurse-midwifery option for area women
- Support existing local midwifery services and explore ways to better coordinate midwife care/services currently provided to area women
- Increase the availability of mental healthcare services for children and postpartum women
- Advocate for more children services, including nutrition education and early childcare support
- Increase the availability of routine and specialized dental care for children

MENTAL HEALTH AND SUBSTANCE ABUSE

Adult Mental Health and Substance Abuse Risk Factors*		
Middlebury Service Area		
Risk Factor	**Area**	**Vermont (overall)**
At Risk for Heavy Alcohol[1]	6.6%	7.2%
At Risk for Binge Drinking[2]	15.5%	17.8%
At Risk for Depression	11.9%	11.3%
Drinking and Driving	3.8%	4.3%
Intentional Self-Harm (Suicide) -- Number of Deaths	15	390
Intentional Self-Harm (Suicide) -- Age-Adjusted Death Rate[3]	10.2	12.5

* 2000 to 2003 Behavorial Risk Factor Surveillance System Data. Ageadjusted to Year 2000 Standard Population; ages 18+ unless stated otherwise

1 Greater than 2 per day for Men, and greater than 1 per day for women

2 Greater than or equal to 5 drinks or more consumed on one or more occasions

3 Years of 1998 to 2002; Vital Records data (death certificates); ageadjusted to U.S. Standard 2000 Population, and rate is per 100,000 population

Vermont Resident Discharges: Mental Illness and Substance Abuse by DRG
Episodes and Unduplicated Count of People Served by Hospital 2002*

Porter Hospital

MDC	DRG		Data Type	Hospital			State		
MDC 19: Mental Health	424	O.R. Proc W Principal Diagnoses Of Mental Illness	Episodes	0			12		
			People	0	+	0.00	12	+	0.39
	425	Acute Adjustment Reaction & Psychol. Dysfunction	Episodes	0			135		
			People	0	+	0.00	127	+	1.18
	426	Depressive Neuroses	Episodes	0			395		
			People	0	+	0.00	371	+	2.41
	427	Neuroses Except Depressive	Episodes	1			585		
			People	1	+	0.00	437	+	2.97
	428	Disorders Of Personality & Impulse Control	Episodes	0			98		
			People	0	+	0.00	77	+	0.94
	429	Organic Disturbances & Mental Retardation	Episodes	1			99		
			People	1	+	0.00	94	+	1.02
	430	Psychoses	Episodes	1			2,020		
			People	1	+	0.00	1,666	+	6.61
	431	Childhood Mental Disorders	Episodes	0			66		
			People	0	+	0.00	66	+	1.22
	432	Other Mental Disorder Diagnoses	Episodes	1			18		
			People	1	+	0.00	16	+	0.39
	Mental Health Total		Episodes	4			3,428		
			People	4	+	0.21	2,467	+	17.37
MDC 20: Substance Abuse	433	Alcohol/Drug Abuse Or Dependence, Left AMA	Episodes	1			119		
			People	1	+	0.00	104	+	1.19
	521	Alcohol/Drug Abuse Or Dependence W CC	Episodes	1			649		
			People	1		+0.00	543		+3.68
	522	Alc/Drug Abuse Or Depend W Rehab. W/O CC	Episodes	0			9		
			People	0	+	0.00	9	+	0.28
	523	Alc/Drug Abuse Or Depend W/O Rehab. W/O CC	Episodes	1			235		
			People	1	+	0.00	211	+	1.80
	Substance Abuse Total		Episodes	3			1,016		
			People	3	+	0.18	788	+	6.61
Mental Illness and Substance Abuse Total			Episodes	7			4,444		
			People	7	+	0.27	3,162	+	22.25

*Information is derived from the Hospital Discharge Data Set maintained by the Vermont Health Department, and database extracts provided by the Brattleboro Retreat. MDC and DRG coding for the hospital discharge data set was provided by the Department of Health. MDC and DRG coding for the Brattleboro Retreat was created by the Mental Health Performance Indicator Project based on primary diagnosis. This report excludes Vermont State Hospital.

The State of Vermont does not have unique client identifiers across service providers. For this reason, Probabalistic Population Estimation has been used to provide unduplicated counts of people served (with 95% confidence intervals). Estimates of the number of people served by Massachusetts and New York hospitals are not provided because the data is inadequate to provide probabilistic population estimates. Actual person counts are available for Brattleboro Retreat.

The number of episodes is greater than the number of people when individuals are admitted more than once during the year. The tota number of people is less than the sum of the people for the two MDCs when individuals are hospitalized at different times for different disorders during the year.

Vermont Resident Discharges:
Mental Health (MDC 19) & Substance Abuse (MDC 20) by DRG by County 2002*

Porter Hospital

MDC	DRG	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin / Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor	Unknown	Total
MDC 19: Mental Illness	424	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	425	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	426	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	427	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	428	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	429	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	430	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	431	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	432	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
MDC 19 Hospital Total		**3**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**4**
MDC 19 State Total		**131**	**120**	**99**	**488**	**16**	**160**	**85**	**198**	**80**	**384**	**382**	**306**	**417**	**5**	**2871**
MDC 20: Substance Abuse	433	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	521	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	522	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	523	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
MDC 20 Hospital Total		**3**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3**
MDC 20 State Total		**13**	**52**	**14**	**79**	**3**	**28**	**13**	**11**	**18**	**242**	**50**	**27**	**33**	**2**	**585**
MDCs 19 and 20 Hospital Total		**6**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**7**
MDCs 19 and 20 State Total		**144**	**172**	**113**	**567**	**19**	**188**	**98**	**209**	**98**	**626**	**432**	**333**	**450**	**7**	**3456**

*Hospitals are ordered by overall MH/SA utilization. Information is derived from the Hospital Discharge Data Set maintained by the Vermont Department of Health and a database extract provided by the Brattleboro Retreat. Both data sets include all Vermont residents with a major diagnostic category of 19 (Mental Illness) or 20 (Substance Abuse). MDC and DRG coding for the hospital discharge data set was provided by the Department of Health. MDC and DRG coding for the Brattleboro Retreat was created by the Mental Health Performance Indicator Project based on primary diagnosis. This report excludes Vermont State Hospital.

Vermont Resident Discharges: Mental Health (MDC 19) and Substance Abuse (MDC 20) by Hospital and DRG Count of Discharges and Percent of All Inpatients 2002*

Porter Hospital

MDC	DRG		Hospital		All Vermonters	
			Count of Discharges	Percent of All Inpatients	Count of Discharges	Percent of All Inpatients
MDC 19: Mental Health	424	O.R. Proc W Principal Diagnoses Of Mental Illness	0	0.0%	12	0.0%
	425	Acute Adjustment Reaction & Psychol. Dysfunction	0	0.0%	135	0.2%
	426	Depressive Neuroses	0	0.0%	395	0.7%
	427	Neuroses Except Depressive	0	0.0%	585	1.0%
	428	Disorders Of Personality & Impulse Control	0	0.0%	98	0.2%
	429	Organic Disturbances & Mental Retardation	0	0.0%	99	0.2%
	430	Psychoses	0	0.0%	2020	3.5%
	431	Childhood Mental Disorders	0	0.0%	66	0.1%
	432	Other Mental Disorder Diagnoses	0	0.0%	18	0.0%
MDC 20: Substance Abuse	433	Alcohol/Drug Abuse Or Dependence, Left AMA	0	0.0%	119	0.2%
	521	Alcohol/Drug Abuse Or Dependence W CC	5	0.4%	649	1.1%
	522	Alc/Drug Abuse Or Depend W Rehab. W/O CC	0	0.0%	9	0.0%
	523	Alc/Drug Abuse Or Depend W/O Rehab. W/O CC	0	0.0%	235	0.4%
MDC 19 & 20 Total			5	0.4%	4440	7.7%
All Inpatients Total			1262	100%	57481	100%

- Hospitals are ordered by overall MH/SA utilization. Information is derived from the Hospital Discharge Data Set maintained by the Vermont Department of Health and a database extract provided by the Brattleboro Retreat. Both data sets include all Vermont residents with a major diagnostic category of 19 (Mental Illness) or 20 (Substance Abuse). MDC and DRG coding for the hospital discharge data set was provided by the Department of Health. MDC and DRG coding for the Brattleboro Retreat was created by the Mental Health Performance Indicator Project based on primary diagnosis. This report excludes Vermont State Hospital.

Mental Health (MDC 19) and Substance Abuse (MDC 20) Primary Diagnoses by County by Hospital

Porter Hospital

MDC	Primary Diagnosis	Description	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin / Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor	Unknown	Total
MDC 19: Mental Health	2948	Organic brain synd nec	1									0					1
	2989	Psychosis nos	1									0					1
	30789	Psychogenic pain nec	0									1					1
	78050	Sleep Disturbance Nos	1									0					1
		Total	3									1					4
MDC 20: Substance Abuse	29181	Alcohol withdrawal	2														2
	30390	Alc dep nec & nos-unspec	1														1
		Total	3														3

Vermont Resident Inpatient Length of Stay Mental Health (MDC 19) and Substance Abuse (MDC 20) by Secondary Mental Health and Substance Abuse Diagnoses 2002*

Porter Hospital

MDC	Data	Data Type	Hospital	State
MDC 19: Mental Health	Total MDC19	Episodes	4	3,428
		Patient Days	21	28,365
		Average Length of Stay	5.3	8.3
	No Secondary Diagnosis	Episodes	3	1,201
		Patient Days	16	11,622
		Average Length of Stay	5.3	9.7
	One Secondary Diagnosis	Episodes	0	866
		Patient Days	0	7,231
		Average Length of Stay	0.0	8.3
	Two Secondary Diagnoses	Episodes	1	623
		Patient Days	5	4,503
		Average Length of Stay	5.0	7.2
	Three + Secondary Diagnoses	Episodes	0	729
		Patient Days	0	4,818
		Average Length of Stay	0.0	6.6
MDC 20: Substance Abuse	Total MDC 20	Episodes	3	1,016
		Patient Days	4	5,943
		Average Length of Stay	1.3	5.8
	No Secondary Diagnosis	Episodes	1	410
		Patient Days	1	2,763
		Average Length of Stay	1	7
	One Secondary Diagnosis	Episodes	1	305
		Patient Days	2	1,703
		Average Length of Stay	2.0	5.6
	Two Secondary Diagnoses	Episodes	0	161
		Patient Days	0	732
		Average Length of Stay	0.0	4.5
	Three + Secondary Diagnoses	Episodes	1	140
		Patient Days	1	745
		Average Length of Stay	1.0	5.3

Clinical Classifications Software (CCS) Codes 66-75
Emergency Department Visits by Hospital by County*

Porter Hospital

CCS Group	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor	Total
Alcohol-related mental disorders	60	0	0	6	0	0	0	0	0	0	4	0	0	0	70
Substance-related mental disorders	20	0	0	2	0	0	0	0	0	0	3	0	0	0	25
Senility & organic mental disorders	8	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Affective disorders	11	0	0	0	0	0	0	0	0	0	0	1	0	1	13
Schizophrenia & related disorders	9	0	0	0	0	0	0	0	0	0	1	0	0	0	10
Other psychoses	13	1	0	0	0	0	0	0	0	0	2	0	1	0	17
Anxiety, somatoform, dissociative, & personality disorders	123	0	0	6	0	1	0	0	0	0	30	0	1	0	161
Preadult disorders	13	0	0	0	0	0	0	0	0	0	0	0	0	0	13
Other mental conditions	84	0	0	2	0	0	0	0	0	1	7	0	0	0	94
Personal history of mental disorder/problems,screening	11	0	0	0	0	0	0	0	0	0	0	1	0	0	12
Total	352	1	0	16	0	1	0	0	0	1	47	2	2	1	423

*Data for these analyses include ER visits by Vermont residents in 2001 and 2002. These data sets exclude Brattleboro Retreat, NH Hitchcock Psych, and VA White River Junction. Analyses were run on all Vermont acute care hospitals as well as NH DMHC and include only primary diagnoses. CCS codes 66-75 include diagnoses such as 'post-concussion syndrome', 'acute reaction to stress', 'sychogenic breathing problems', and other disorders that may not be captured in MDCs 19 or 20.

Clinical Classifications Software (CCS) Codes 66-75
Percent of Emergency Department (ED) Visits by Hospital *

Porter Hospital

CCS Group	Total	Percent of ED Mental Health Visits	Percent of all ED visits
Alcohol-related mental disorders	70	16.5%	0.3%
Substance-related mental disorders	25	5.9%	0.1%
Senility & organic mental disorders	8	1.9%	0.0%
Affective disorders	13	3.1 %	0.1 %
Schizophrenia & related disorders	10	2.4%	0.0%
Other psychoses	17	4.0%	0.1%
Anxiety, somatoform, dissociative, & personality disorders	161	38.1%	0.8%
Preadult disorders	13	3.1 %	0.1 %
Other mental conditions	94	22.2%	0.5%
Personal history of mental disorder/problems,screening	12	2.8%	0.1%
Total number of Mental Health visits	423	100.0%	2.0%
Total number of ED visits	20710		100.0%

*Data for these analyses include emergency room visits by Vermont residents in 2001 and 2002. These data sets exclude Brattleboro Retreat, NH Hitchcock Psych, and VA White River Junction. Analyses were run on all Vermont acute care hospitals as well as NH DMHC and include only primary diagnoses. CCS codes 66-75 include diagnoses such as ‘post-concussion syndrome’, ‘acute reaction to stress’, sychogenic breathing problems’, and other disorders that may not be captured in MDCs 19 and 20.

Clinical Classifications Software (CCS) Codes 66-75
Percent of Emergency Department (ED) Visits by Hospital *

CCS Group Total
Percent of ED Mental Health Visits/Percent of all ED visits

Alcohol-related mental disorders 70 16.5% 0.3%
Substance-related mental disorders 25 5.9% 0.1%
Senility & organic mental disorders 8 1.9% 0.0%
Affective disorders 13 3.1% 0.1%
Schizophrenia & related disorders 10 2.4% 0.0%
Other psychoses 17 4.0% 0.1%
Anxiety, somatoform, dissociative, & personality disorders 161 38.1% 0.8%
Pre-adult disorders 13 3.1% 0.1%
Other mental conditions 94 22.2% 0.5%
Personal history of mental disorder/problems,screening 12 2.8% 0.1%
Total number of Mental Health visits 423 100.0% 2.0%
Total number of ED visits 20710 100.0%

Porter Hospital
*Data for these analyses include emergency room visits by Vermont residents in 2001 and 2002. These data sets exclude
Brattleboro Retreat, NH Hitchcock Psych, and VA White River Junction. Analyses were run on all Vermont acute care hospitals
as well as NH DMHC and include only primary diagnoses. CCS codes 66-75 include diagnoses such as 'post-concussion
syndrome', 'acute reaction to stress', sychogenic breathing problems', and other disorders that may not be captured in MDCs 19
and 20.

COMMUNITY INPUT

The Counseling Service of Addison County (CASC) identified the following mental health and substance abuse needs: [7]

Adult Mental Health Needs

- There is a need for increased adult mental health services, to reduce the perennially long waiting lists of people awaiting service. Due to inadequate reimbursement from public and private insurance, mental health service capacity has declined, leaving more people unserved or underserved.
- There is a perception that Medicaid clients can find it difficult to see primary care physicians, who are often the first stop for mental healthcare, particularly for medications. Primary care medical office appointments are difficult to schedule on a timely basis with several local practices, leading to unnecessary use of the Emergency Room as the only mental health "immediate care" option available in this service area.
- Psychiatric services in this service area are limited to two (2) psychiatrists on staff at the Counseling Service, both of whom have appointments scheduled months in advance for both evaluation and treatment.
- There is a need for greater understanding and awareness of the mental (and physical) needs of disabled patients.
- There is a need for greater accessibility for medical care and better home-based healthcare for people with developmental disabilities.

Elder Mental Health Needs

- Elderly people and their families, especially those with Dementia, need increased access to mental health services, in the Dementia unit at Helen Porter Nursing Home, as well as other nursing facilities and senior housing locations. With the aging of the population, there are an increasing number of patients with Alzheimer's disease and other forms of Dementia. Patients and their families often need mental health treatment.

Child Mental Health Needs

- More capacity is needed for intensive home and community based child and family services, and child psychiatric evaluations, which are currently limited by inadequate funding. Waiting times for these services are unacceptably long.

Emergency Mental Health Needs

- Coordination of emergency services between Porter Hospital and the Counseling Service needs to be strengthened.
- There is no psychiatric inpatient care available for those in crisis. There needs to be a local inpatient setting for stabilization of psychiatric emergencies.

Substance Abuse Needs

- Better access to adult substance abuse services is needed. Due to inadequate reimbursement from public and private insurance, adult substance abuse services capacity has declined, and more people are unserved or underserved. There are perennially long waiting lists of people awaiting substance abuse service.
- Adolescent substance abuse is a major concern in this area, as formerly "urban" drugs such as heroin become more widely available.
- There is a need for intensive outpatient drug and alcohol treatment programs, which are currently unavailable in this service area.
- Improved hospital-based detox services are needed.
- Better coordination between the hospital and the Counseling Service is needed when substance abuse patients are discharged from the hospital.

PRIORITIES

- Support community efforts and programs to address substance abuse issues within the school setting and community
- Increase the capacity for adult and adolescent mental health and substance abuse services resulting from improved reimbursement in general for mental healthcare services, especially for uninsured patients.
- Increase treatment options for women with substance abuse issues
- Improve access to medical and mental healthcare services for developmentally disabled patients
- Increase the capacity for intensive home and community based child and family services
- Explore delivery of short-term psychiatric inpatient care in the community

CHRONIC DISEASE

Adults with Chronic Disease*		
Middlebury Service Area		
Risk Factor	**Hospital Service Area**	**Vermont (overall)**
Ever Told by a Doctor that you have Diabetes[1]	5.4%	5.2%
Currently Diagnosed with Asthma[1]	8.7%	8.2%
Ever Told by a Doctor that you have Coronary Heart Disease[2]	4.9%	4.6%
Ever Told by a Doctor that you have Myocardial Infarction[2]	6.4%	4.5%
Ever Told by a Doctor that you have COPD[3]	4.5%	3.9%

* 2000 to 2003 Behavorial Risk Factor Surveillance System Data.

1 Age-adjusted to Year 2000 Standard Population; ages 18+ unless stated otherwise

2 Based on 2000, 2001 and 2003 BRFSS data; age-adjusted to Year 2000 Standard Population; ages 18+ unless stated otherwise

3 Based on 2000, 2002 and 2003 BRFSS data; age-adjusted to Year 2000 Standard Population; ages 18+ unless stated otherwise

COMMUNITY INPUT

Chronic Disease Needs [8]

- Dialysis - Inadequate access to dialysis services was among the issues most often cited, as a serious community need.
- Lack of Coordinated Long Term Care Services - As a community of long term care providers we need to look at the patient as a whole and not just from the service(s) our organization is providing. The patient's plan of care needs to be an integrated tool that includes all of the services being provided to the patient, because:
  - As is the case throughout the country, long-term care services in Addison County are provided by a diverse group of care providers often working for different organizations. While care providers have the same patient goals they can have different ways of reaching them.
  - Payment for long-term care services is a mixture of federal and state programs, private insurance, local funding and out of pocket payments. Not for profit and for profit care providers work hand in hand to care for patients and yet have different financial incentives.
  - The number of care providers and services available is often confusing to patients and their families. How and where a person enters the long-term care system can influence the types of services they receive. A patient's needs may be compromised to the complexities of a fragmented long-term care system.
- Lack of Coordinated Planning for Long Term Care Services – Long-term care providers in Addison County are not collaboratively planning for the future long-term care needs of the community. With shrinking resources and rising demand, there needs to be a way for long term care providers to project and plan for the community's future needs. Insuring the development of new services and avoiding service duplication is an essential component of a responsive, cost effective long-term care system in Addison County.
- Transportation funding for people with health needs in Addison County is inadequate. People's desire to remain independent, new technologies that allow people to remain in the community and rising healthcare costs are resulting in a shift from institutional to community-based care. Transportation services are vital to the quality of life for people receiving support services in the community. Access to transportation for employment, medical care, social activities and family visits is essential for people who are living with chronic diseases in the community.

  Transportation needs for chronic renal failure (CRF) patients is becoming a drain on transportation resources in the county. CRF patients have to travel to Burlington or Rutland 3 days a week for dialysis. A dialysis treatment takes an average of 4 hours to perform. This often requires drivers to make two independent trips per treatment. Transporting one dialysis patient to Rutland can cost as much as $9,000 a year. This cost can take up a significant amount of the county's transportation budget. Currently there are resources available from the Agency on Aging (AA) to support 8 of the 12 trips per

month. However, individuals under 60 do not qualify for AA funding. These patients currently rely on funding that is meant for broader community needs. Whenever possible, family, community members and ride sharing are used to spread the cost. Unfortunately this system cannot be relied upon when dealing with life sustaining treatments.

Transportation funding could quickly become a limiting factor in the Addison County's ability to support people with chronic illness living independently at home. The lack of transportation resources will lead to higher healthcare costs when people who could be cared for in the community do not have that option due to a lack of transportation.

- Assisted Living - Addison County does not offer a shared living situation that allows independence while at the same time having on site access to medical and support services. The lack of an assisted living situation in Addison County limits people's ability to be in a care environment that meets their needs at every stage of their lives.

  Addison County residents who require more attention than can be provided by home health can end up prematurely in a nursing home situation or have to move out of the county to live in an environment that fits their needs. This is often a hardship for the individual and their family.

PRIORITIES

- Improve coordination among healthcare providers to manage patients with chronic disease(s), through increased capacity and better integration of services, as well as better community planning for the provision of chronic disease services
- Encourage Assisted Living opportunities/projects that fit appropriately within our community
- Continue to explore local dialysis services in concert with FAHC
- Advocate for a better system to qualify disabled individuals for services

Adult Prevention*		
Middlebury Service Area		
Preventative Measure	**Area**	**Vermont (overall)**
Aged 65+ Who Had Flu Shot in Past 12 Months[1]	81.6%	74.3%
Ever Had a Pneumonia Shot Aged 65+[1]	65.7%	66.2%
Ever Had a Pap Smear Test[1]	93.8%	95.5%
Had Pap Smear Test Within Past 3 Years[1]	86.2%	86.0%
Had Mammogram Within Past 2 Years[1]	51.5%	49.8%
Had Mammogram Within Past 2 Years Aged 40+[1]	75.7%	75.0%
Ever Had a Sigmoidoscopy / Colonoscopy[2]	51.6%	47.8%
Ever had a Blood Stool Test using Home Ki[2]	48.4%	52.6%

* 2000 to 2003 Behavorial Risk Factor Surveillance System Data.

1 Based on 2000, 2002 and 2003 BRFSS data; age-adjusted to Year 2000 Standard Population; ages 18+ unless stated otherwise

2 Based on 2000 to 2002 BRFSS data; age-adjusted to Year 2000 Standard Population; ages 18+ unless stated otherwise

Prevention Quality Indicators*

Middlebury Service Area

Prevention Quality Indicator	Area			Vermont			US 2000
	Count **	Population ***	Risk-Adjusted Rate	Count **	Population ***	Risk-Adjusted Rate	Risk-Adjusted Rate
Adult Asthma[1]	34	105,130	34.1	1,325	2,306,520	57.9	113.3
Angina[2]	33	105,130	32.5	1,896	2,306,520	82.4	66.1
Bacterial Pneumonia[3]	583	138,870	425.2	9,931	3,044,135	319.4	374.3
Chrnc Obstrctve Pulmnry Dis[4]	142	105,130	145.5	4,954	2,306,520	217.1	279.6
Congestive Heart Failure[5]	313	105,130	320.4	7,131	2,306,520	309.7	512.3
Dehydration[6]	72	138,870	58.2	2,287	3,044,135	75.8	134.5
Diabetes Long Term Compl[7]	46	105,130	45.6	1,941	2,306,520	83.0	120.8
Diabetes Short Term Compl[8]	26	105,130	25.5	746	2,306,520	34.0	51.2
Diabetes Uncontrolled[9]	5	105,130	4.8	160	2,306,520	6.4	28.5
Hypertension[10]	15	105,130	15.1	278	2,306,520	10.9	45.2
Low Birth Weight[11]	51	1,405	36.3	1,726	32,135	53.7	56.8
Lower Extremity Amputation[12]	20	105,130	19.6	782	2,306,520	33.5	41.9
Pediatric Asthma[13]	8	33,740	46.4	530	737,615	76.7	200.6
Pediatric Gastroenteritis[14]	16	33,740	57.4	348	737,615	52.5	108.6
Perforated Appendix[15]	37	77	450.0	848	2,647	316.8	313.9
Urinary Infection[16]	128	138,870	96.7	2,822	3,044,135	91.1	145.9

* Data for VT Residents Discharged as Inpatients from VT, NH, NY, and MA Hospitals from 1998-2002 from the Agency for Healthcare Research and Quality

** 1998-2000

*** 5x Census Pop 2000

Descriptions below are from the HCUPnet website http://hcup.ahrq.gov/HCUPnet.asp.

1 Excluding obstetric admissions and transfers from other institutions per 100,000 population age 18 years and older

2 Excluding surgical patients, transfers from other institutions, and obstetric admissions per 100,000 population age 18 years and older

3 Excluding sickle cell/hemoglobin-S conditions, transfers from other institutions & obstetric/neonatal admissions per 100,000 population

4 Excluding obstetric admissions and transfers from other institutions per 100,000 population age 18 years and older

5 Excluding patients with cardiac procedures, obstetric conditions, and transfers from other institutions per 100,000 population age 18+

6 Excluding transfers from other institutions per 100,000 population

7 Excluding obstetric admissions and transfers from other institutions per 100,000 population age 18 years and older

8 Excluding obstetric admissions and transfers from other institutions per 100,000 population age 18 years and older

9 Excluding obstetric admissions and transfers from other institutions per 100,000 population age 18 years and older

10 Excluding patients with cardiac procedures, obstetric conditions, and transfers from other institutions per 100,000 population age 18+

11 Excluding transfers from other institutions per 1000 neonates

12 Excluding traumatic and obstetric admissions, and transfers from other institutions per 100,000 population age 18 years and older

13 Excluding obstetric and neonatal admissions and transfers from other institutions per 100,000 population age less than 18 years

14 Excluding obstetric and neonatal admissions and transfers from other institutions per 100,000 population age less than 18 years

15 Excluding obstetric and neonatal admissions and transfers from other institutions per 1000 admissions with appendicitis

16 Excluding obstetric and neonatal admissions and transfers from other institutions per 100,000 population

COMMUNITY INPUT

Prevention is the best investment we can make in health. Screening tests for detecting disease early, immunizations for preventing disease, and counseling to change behaviors that may lead to disease are examples of preventive health care. Preventive measures can increase quality and years of healthy life and save on health care dollars. Even with improved quality of life and proven cost savings, preventive health care is not well funded in Vermont and throughout the country. Only 1% of total health care dollars fund prevention efforts. Insurance coverage of preventive health care is limited. Counseling for health risks such as smoking, weight control, or cholesterol reduction is seldom covered.

Prevention Resources

In Addison County many organizations have joined forces to address community needs and enhance community prevention programs.

- The Middlebury district office of the Vermont Department of Health offers an array of preventive services. Some of these services include free immunizations for children, health and nutrition counseling, restaurant inspection, breast and cervical cancer screening for low income women, radon and water testing and epidemiology investigations to prevent disease outbreaks.
- Area health care providers that offer immunizations, health counseling, and screening.
- Porter Hospital community health outreach programs.
- Affordable bike helmets distributed through area providers and police.
- The Addison County Parent Child Center counsels teenagers on pregnancy prevention and provides low cost car seats to families with young children.
- Area schools provide health and physical education, Life Skills curriculum, early screening of hearing and vision, and substance abuse counseling.
- Addison County Home Health Agency offers free blood pressure and cholesterol screening programs.
- The Tobacco Roundtable provides community tobacco prevention programs while the Drug and Alcohol Task Force focuses on drug and alcohol prevention.

Prevention Needs/Priorities

- Expand adult immunization program.
- Increase in community grants that invest in effective prevention programs.
- Establish local STD and HIV prevention programs.
- Outreach to out of school youth through peer counseling programs.
- Assure early detection and screening programs that are available and accessible to all populations.
- Insurance coverage of preventive services.
- Safe and affordable housing in Addison County.
- Increased use of smoke, carbon monoxide and radon detectors in homes.

- Increase in the percentage of children who receive well childcare throughout their school years.
- Decrease in exposure to environmental tobacco smoke.
- More affordable high quality childcare.
- Maintaining preventive and educational services we currently offer throughout the community.

Access*		
Middlebury Service Area		
Risk Factor	**Service Area**	**Vermont (overall)**
Unemployed[1]	2.8%	3.8%
Have Any Kind of Health Plan, Ages 18-64[1]	88.4%	87.2%
Time When Could Not Afford to See Doctor[2]	10.7%	8.9%
Last Dental Visit 2 Years or Less[3]	85.4%	84.2%

* 2000 to 2003 Behavorial Risk Factor Surveillance System (BRFSS) Data.

1 Based on 2000 to 2003 BRFSS data; age-adjusted to Year 2000 Standard Population; ages 18+

2 Based on 2000 and 2003 BRFSS data; age-adjusted to Year 2000 Standard Population; ages 18+

3 Based on 2000 and 2002 BRFSS data; age-adjusted to Year 2000 Standard Population; ages 18+

Federally Qualified, Rural and Free Health Centers*	
Middlebury Service Area	
Practice Name	**Type**
The Open Door Clinic	Free

- From the Vermont Department of Health Office of Rural Health

Nursing Home Occupancy Rates*

Middlebury Service Area

Helen Porter Nursing Home	93.1

* FY 2002 Data from the Agency of Human Services Division of Rate Setting

COMMUNITY INPUT

General Access Needs

- Access to healthcare remains a challenge for many uninsured members of our community, despite the good work of many organizations, volunteers, medical practices and Porter Hospital. The problem cuts across all socioeconomic categories and all forms of healthcare.
- For low-income, uninsured people who require emergency care or hospitalization, medical bills often go unpaid, generally with permanent damage to an individual's credit rating and long-term financial stability. Unpaid medical bills also mean bad debt for hospitals and medical practices.
- Addison County must be an active player at the state and federal levels to insure people have access to the healthcare services they need regardless of their ability to pay. As providers, we must continue to push for reforms that support a healthcare system that is focused on access, quality and cost effectiveness instead of relying on reimbursement formulas that often focus on restricting access to reduce costs.

Primary Care Resources

- A variety of family practices and specialized physicians practice in Middlebury and Addison County.
- For uninsured and underinsured residents, Community Health Services of Addison County (CHSAC) operates the Open Door Clinic, which offers acute, chronic and preventative primary care services to those uninsured or underinsured with household incomes below 200% federal poverty level (FPL). In addition, CHSAC offers physical therapy, dietary counseling and anonymous HIV testing, and refers patients to Porter Hospital for ancillary care that is donated by the Hospital.

  CHSAC runs clinics on Tuesday evenings in Middlebury and Thursday evenings in Bristol and has opened a Saturday morning clinic in Middlebury, to offer more options to people who struggle to access the evening clinics due to transportation, employment or family challenges.

Primary Care Needs [9]

- For uninsured or underinsured residents, primary care options are limited. Almost no local practices see patients on a sliding-fee scale or provide free care only to very low-income individuals.
- Uninsured patients, who are unable to access the Open Door Clinic or healthcare through a traditional medical practice, are more likely to delay medical care or seek unaffordable care at the emergency room. In 2003, nearly 70% of CHSAC patients reported that they would have delayed care if they had not been able to go to the Open Door Clinic.
- The VHAP program is not adequately addressing the problem for low-income, uninsured adults in our community. Many people who are eligible for VHAP struggle to pay the increasing premiums to remain on the program. Additionally, the formula for calculating

eligibility does not provide enough flexibility to adequately calculate household incomes for self-employed individuals, especially local farm owners. Finally, the eligibility thresholds remain too low to comprehensively capture the total population who cannot access private health insurance. Thus, health insurance and medical care are so expensive that they remain financially inaccessible even to moderate or middle-income individuals.

- The Open Door Clinic provides just 7 ½ clinical hours, has a limited budget and a heavy reliance on volunteers, and is not able to meet expanding community need, despite its best efforts. In 2003, CHSAC saw a 25% increase in patient visits. This patient load continues to grow; CHSAC patient numbers increased by 6.3%, patient visits by 21% in fiscal year 2004. During the late 1990s/early 2000s, CHSAC's patient visits averaged about 700 per year; over the past two years, patient visits have averaged nearly 900 visits annually.
- Primary care access for children is not as dire, due to the Dr. Dynasaur program, with its 300% FPL threshold, retroactive payment and secondary insurance capabilities. "Such features for the adult VHAP program would be extremely welcome." [9]

Specialty Care Needs [9]

- Similar to the primary care, people without financial means and/or health insurance are not always able to access specialty care.
- In some cases, practices are located in Rutland or Burlington, or even New Hampshire or Boston. For low-income, uninsured people, lack transportation, employment and family challenges prevent many from accessing care outside their community.
- Most specialists in our community do not accept patients on a sliding-fee or free-care basis.
- CHSAC attempts to negotiate arrangements with specialists for their patients who need specialized care; however, only a few physicians have offered their services free of charge to CHSAC patients.
- Patients who cannot access needed specialized care generally delay care, often until it becomes an emergency.

Reproductive Health Resources

- Planned Parenthood of Northern New England (PPNNE) has a clinic in Middlebury open 3 days per week that provides primary healthcare to Addison County's women and men in their teens through their 70's. The majority of Planned Parenthoods' work with men involves sexually transmitted disease testing. Anonymous HIV testing, Hepatitis B and C, and rubella titers are also performed. Hormone replacement therapy, pap smears, and general counseling are services Planned Parenthood provides to women. Women participating in the Ladies First program receive lipid profiles, blood glucose and colorectal screening tests. Information and prescriptions are also available for contraceptives, menopausal concerns, and hormone replacement. Sliding scales and payment programs exist for people who do not have insurance.

Hospital Resources

- Porter Hospital and Helen Porter Healthcare and Rehabilitation Center provide care to patients from Addison County, New York area, Chittenden and Rutland Counties, and other areas of Vermont. Porter Hospital provides the following services:
  - A 24-hour Emergency Department
  - Inpatient Medical Surgical/Special Care and Maternal/Child Care
  - Preventative and diagnostic services
  - Ongoing Community Health Outreach programs: Breast Cancer Screening Project, Lifeline-an in home emergency response system, Expectant Parent Classes, Breastfeeding Class, Smoking Cessation Classes, Basic Diabetes Education program, Living with Diabetes Program and support groups, First Aid/CPR, Safe Rider-a low cost rental of infant care seat, and others.

  During the 1990's Porter Hospital addressed the need to modernize its Medical/Surgical Unit, Emergency and Radiology Departments through a significant renovation project. Porter now has a CON application before the State to address facility deficiencies within the Maternity and Surgical Departments, both of which were built in 1975. Porter Hospital is widely viewed by our community as a "cornerstone" of our local healthcare delivery system, and there is general and wide support for keeping the hospital facilities updated and ready to provide high quality inpatient and outpatient care.

Emergency Care Resources

- In addition to the Porter Hospital Emergency Department, community ambulance services and First Response teams provide services to the community. Addison County is served by the Bristol, Vergennes and Middlebury Volunteer Ambulance Association (MVAA), which was founded in 1970 to serve Middlebury and surrounding communities. Currently, MVAA has one paid employee, 47 volunteer members (including 9 college students, 3 state of the art ambulances, and one 2002 Kenworth Heavy Rescue Unit. MVAA has received over 1000 calls per year since the 1990s. In the second half of 2003, they received 760 calls, 278 were from Middlebury. Funding for MVAA is supported by donations, town funds, and grants. [4]

Dental Care Resources

- In the fall of 2003, Addison County Dental Care (ACDC), a low-cost dental clinic for low-income uninsured, Medicaid and Medicare patients opened in Vergennes. Started by the Dr. Pete Society, following a comprehensive needs assessment of the community, ACDC sees patients three days per week. [9]

Dental Care Needs

- The potential for poor dental health, resulting in overall poor health for all populations, is an issue in Addison County.
- Access to child and adult dental care remains one of the greatest challenges for our community. Interviews and survey results indicate a serious capacity problem for both general and specialized dental care in Addison County. There are too few dental practices to serve the local population. Many local dentists do not work full-time and most practices are not accepting new patients, making it extremely difficult to secure a dental appointment in our community. [9]
- This problem is exacerbated for low-income people. Many dental practices do not accept Medicaid/VHAP, and none offer sliding fee scales. Inadequate Medicaid reimbursement is a major barrier to access for both adults and children. [9]
- Since the opening of the dental clinic, many local dental practices have ceased to see any low-income or Medicaid patients, instead relying on ACDC to meet this need. However, ACDC does not serve children and does not offer comprehensive services, or free care. Patients often struggle to secure appointments and collect the necessary paperwork required to prove eligibility and provide payment. In addition, ACDC has not secured long-term funding or personnel, so despite its good work, it remains a temporary, partial solution. [9]
- There is a local need for "emergency" dental care, especially for the uninsured/Medicaid population. [10]
- For children, school-based programs are under-funded and under-staffed, and cannot provide adequate screenings or services and there are no pediatric dentists in Middlebury or Addison County.
- According to a 2001 dental survey, conducted by the Vermont Department of Health, the number of dentists in our community increased from 347 in 1999 to 354 in 2001.
- Primary care dentists increased from 272 to 277, however, the FTE per 100,000 population ratio decreased from 37.8 to 36.5. Similarly FTE's for all dentists per 100,000 population decreased from 48 to 46.5. While the percent of dentists working 30 hours a week or more decreased from 80% to 75% from 1999 to 2001, the percent of dentists 50 years or older and 55 years or older increased from 46% to 49% and 25% to 29%, respectively. Addison County had the highest percent of primary care dentists 55 or older, both in 1999 at 60% and in 2001 at 55%.
- The percentage of primary care dentists taking new patients decreased from 85% in 1999 to 84% in 2001, with new Medicaid patients being taken faring worse at 52% in 1999 and only 39% in 2001. Pediatric however, decreased from 10 in 1999 to 9 in 2001.
- There is a need for a regional/local "residency" program for dentists to facilitate more dentists coming to work in our community. [10]

Mental Health Resources

- Counseling Services of Addison County (CSAC) is a non-profit community mental health and developmental services center that values a strength-based approach to promoting safe and stable communities, by helping people live emotionally healthy and satisfying lives. CSAC works collaboratively with community organizations to help families and individuals achieve wellness and offers the following services:
    - 24-hour emergency team offering crisis response 24 hours a day, 7 days a week. Community Crisis Team is available for quick response and sustained support in catastrophic situations.
    - Access Team providing crisis support to families and children, from 9 am -7 pm, Monday through Friday.
    - Evergreen House, a recovery learning center, providing a welcoming environment for community rehabilitation and treatment. Clients connect with people; participate in tutorials, groups, psycho-educational programs, prevocational programs, and the arts.
    - Addison County Employment Services (ACES) provides vocational services for people with persistent and severe psychiatric illness.
    - Community Associates provides services in every area of life to individuals with developmental disabilities and their families. Services include respite, residential supports, community involvement, case management, personal care services, flexible funding, and work supports through Employment Associates.

- CSAC has two full-time psychiatrists on staff, one dealing exclusively with children and adolescents, as well as two full time psychiatric nurses.

Mental Health Needs [9]

- Access to mental healthcare is an ongoing struggle in our community, particularly for low-income, uninsured people.
- The Counseling Service of Addison County (CSAC) sees patients on a sliding fee scale basis; however, they do not have a free care program for ongoing counseling. Many independent mental healthcare professionals do not accept VHAP clients and do not offer sliding fee scales.
- While people can access counselors for short-term or emergency care, there is a significant waiting list for longer term counseling.

Prescription Medication Assistance Resources [9]

- The 3-phase pharmaceutical assistance program is CHSAC's fastest growing program and, includes:
    - Free sample medications for short-term or trial purposes
    - Complete assistance with pharmaceutical free-care program application and maintenance for long-term medications

- Vouchers for short-term or trial medications at local pharmacies.

- For the first six months of 2004, CHSAC spent the equivalent amount on prescription medications as in all of 2003, and is projecting this 100% growth to continue. In 2003, CHSAC assisted patients to secure $58,000 in prescription medications through pharmaceutical companies.

Prescription Medication Needs [9]

- As in the nation, our community is struggling with the high cost of medications and inadequate insurance coverage. Prescription medications remain out of reach, even for those people who are insured.
- Medicare does not currently provide prescription medication coverage to seniors, and the upcoming modifications to the program are not structured to assist moderate to low-income people.
- Most local medical practices do not offer assistance with pharmaceutical free-care programs to their low-income patients.
- Some practices do not refer their patients to the pharmaceutical assistance program. Until more physicians begin to participate in these programs, they remain an under-utilized, albeit inadequate and bureaucratically difficult, resource.

Complimentary/Alternative Medicine Resources [11]

- Addison County is home to at least 75 practitioners of complementary and alternative medicine (CAM) (See attached). Approximately half maintain 20+ hour/week practices, generally in private practice. Their work environments include three group practices, three health clubs, several professional office spaces, and home offices.
- Practitioner types, in order of prevalence in our area, include:
  - Massage Therapists/Body workers (35)
  - Chiropractors (9)
  - Energy or Spiritual Healers/Reiki (9)
  - Acupuncturists/Chinese Medicine Practitioners (6)
  - Yoga Instructors (6)
  - Lay Midwives (4)
  - Naturopathic Physicians (2)
  - Hypnotherapists (2)

- The potential for CAM to contribute to health goals in Vermont is illustrated by the Healthy Vermonters 2010 document and the Vermont Chronic Care Initiative, highlighting preventive medicine, good nutrition, smoking cessation, primary care, exercise, stress management, and in reducing the cost impact of prescription medications

as cost-saving, and health promoting initiatives. With $328 million spent annually in Vermont on prescription drugs and supplies, and 78% of all healthcare spending in VT dedicated to chronic, and often preventable disease, Vermont stands to save significant healthcare expenditures if more cost-effective methods of prevention and management were employed within the healthcare delivery system.

Vermont healthcare goals include areas in which some CAM practitioners have advanced training, significant clinical expertise, and success. For example, naturopathic physicians receive advanced training in preventive nutrition, acupuncturists are used effectively for pain management and stress reduction through yoga and diet has been shown to reverse blockage of coronary arteries by Dr. Dean Ornish. In 2003, the National Institutes of Health funded nearly 300 studies at research institutions assessing the validity of CAM approaches to health concerns, and is in the process of identifying effective alternatives to conventional approaches.

- Opportunities to similarly engage local health officials and CAM providers in meaningful collaboration remain untapped in our community. Utilizing the expertise of some types of CAM providers for direct delivery, and program development in areas such as nutrition, preventive medicine, stress reduction and decreasing reliance on expensive prescription medications, might provide cost-effective, low-intervention solutions to many of the lifestyle-influenced healthcare burdens faced by our community.

- Aside from acute, life-threatening conditions, patients/clients seek care from conventional and CAM practitioners for most of the same health concerns. Some CAM practitioners, such as chiropractors, naturopathic physicians and lay midwives are licensed to provide, and are sought out for certain types of primary care. They may also recommend or provide care which is complementary to that received by a conventional (i.e. Medical Doctor, Nurse Practitioner, Physician’s Assistant, Registered Nurse, etc.) provider. Others (acupuncturists, body-workers, herbalists, yoga instructors, hypnotherapists and energy healers) function solely as complementary medicine providers.

  Examples of health issues addressed by CAM providers include, but are not limited to: back pain and musculoskeletal concerns (chiropractic, acupuncture, body-work, yoga), stress-related illness, smoking cessation, depression and anxiety, weight loss (energy healers, hypnotherapy,) home-birth, prenatal and post-natal care (lay midwives) minor infections and injuries, gynecological examinations and routine primary and preventive care, school and pre-operative physicals, immunizations, nutrition consultations (naturopathic physicians,) herbal alternatives to conventional medications (herbalists, naturopathic physicians.) Importantly, the scope of health topics addressed by CAM practitioners in our community include all that are addressed in this community health needs assessment (i.e. Cancer, Maternal/Child Health, Mental Health and Substance Abuse, Chronic Disease, Prevention, Lifestyle and Behavior, Injury and Violence.)

- Currently, CHSAC has referred patients to local massage therapists, midwives and acupuncturists and is working to strengthen such relationships.

- Addison County's Hellenbach Cancer Support Group, routinely sponsors CAM practitioner lectures, and influences treatments employed by Porter area cancer patients.

Complementary/Alternative Healthcare Needs

- Access to CAM remains difficult, largely because it is not well integrated with mainstream medical care.
- Also, with the notable exception of chiropractors, and to a much smaller extent, acupuncturists and massage therapists, CAM practitioners are not generally reimbursed by insurance. Insurance reimbursement for CAM practices and providers is predictive of its use by the general public. In Vermont, lack of insurance reimbursement is a major barrier both to usage of CAM therapies and providers trained in its appropriate use, and to its integration within the larger healthcare service arena.
- A minority of employers allow employees to pay for the CAM use with pre-taxed "cafeteria" funds. Consumers, therefore, pay most CAM healthcare, out-of-pocket. In 1997, Eisenberg et al. found that the out-of-pocket expenditures for CAM superceded that of all out-of-pocket hospital expenditures for the same year.
- An assessment of CAM should look at which health services the general public seeks of CAM providers; whether some of our community's health needs could be appropriately and cost-effectively addressed by CAM, and if so, how to incorporate CAM into the healthcare delivery system at large. To achieve this, the following steps are recommended:
  - Creation of a CAM Task force on within the structure of Porter Hospital, to assess the current status of CAM use by this community; sponsor education within the public and hospital community and study the feasibility of incorporating CAM into hospital or community health initiatives.
  - Encourage acknowledgement and study of CAM by the Vermont Health Department in an effort to better understand the use patterns, desires, safety issues, and potential surrounding CAM for Vermonters. Encourage VDH to participate with the NIH's National Center for Complementary and Alternative Medicine as a resource/partner in study and educational projects regarding CAM.
  - Actively educate our own healthcare and larger community about the NIH agenda, to inform local providers and the general public about safe CAM use.

Long Term Care (LTC) Resources

- Helen Porter Healthcare (105 bed/skilled nursing facility) has a 30 year tradition of high quality long term care services for the frail and elderly and also offers:
  - Dementia and Short-Term Rehabilitation Units where residents are assisted with daily living, as well as activities tailored to their individual needs and abilities.
  - Two remarkable natural resources for residents and families: a beautifully landscaped courtyard with perennial flower beds and raised gardens for annual planting of vegetables by residents.

- More recently in 2003, a handicapped accessible nature trail is available, which winds through meadowlands, wetlands, and woodlands. This allows residents and families to take advantage of the soothing and healing effects of nature.
- A new Respite Program, offering families the opportunity to place a loved one in the facility on a short-term basis. There has been strong community support for this new program.

Elderly Services and Adult Day Care Resources [12]

Elderly Services, Inc. (ESI) is a non-profit agency helping older people stay in their homes and communities, to live active, independent lives, by providing a supportive environment for those in need of social activities during the day. Local, state, and national demographic statistics all emphasize the graying of America and the coming geriatric boom. In preparation for the future and in response to ten years of waiting lists, Elderly Services is building a new, larger center and extending hours of operation to address the following needs:

- Elderly day care, to meet the need for Family Caregiver Respite. We will double our capacity and extend our hours to include Sunday and later evening hours.
- Other family caregiver respite options will include:
  - Overnight in-home care aides
  - Overnight out-of-home care options
  - Weekend in-home/out of home care
  - 1-2 week stay options such as Helen Porter, community care homes, and private elderly
  - Foster care homes
- Accessibility to healthcare providers will be enhanced:
  - We now provide medical escort services to doctor, dentist, and rehab appointments
  - We have planned an exam room in the new building to offer physician and podiatry services on-site in collaboration with local doctors and Porter Practice Management.
- Services to address the epidemic of geriatric depression and loneliness will include:
  - We currently provide specialized Geriatric Mental Healthcare geared to 80 to 100 year old individuals and have plans to expand this service.
  - We also plan to expand social and activity programming for community elders.
- Eldercare counseling for families will include:
  - A team of social workers currently offering short-term, ongoing, and crisis oriented counseling to families caring for an elderly relative. We see an increasing need and plan to expand this.
  - Project Independence (by ESI) is an adult day service providing meals, activities, and transportation for elders in Addison County.

- Addison House is a Level III residential care facility for 16 individuals, providing assistance with activities of daily living, medications, meal preparation, and personal care. Typically, one or two vacant beds are available at any one time. [13]
- Retired and Senior Volunteer Programs (RSVP) manages a volunteer program for agencies in the community in need of helping hands.
- The Aging Education Center provides education about aging in groups and on an individual basis and sponsors community events for elders.
- Champlain Valley Agency on Aging outreach workers and the Federal Housing Association offer home repair and financial information.

Elderly Services and Adult Day Care Needs

- There is an unmet need for physicians who are particularly interested in and trained in geriatric health and medicine.
- The Meadows and The Commons offers seniors affordable congregate housing, however, onsite services are needed.

Home Healthcare Resources

- Addison County Home Health & Hospice, Inc. was founded in 1968 by a group of Addison County residents and now employs 163 health professionals. This non-profit agency's mission is to provide high quality, comprehensive community healthcare to residents of Addison County, including:
  - Nursing- coordinates appropriate services and community resources needed for patients.
  - Physical Therapy- assesses the patient's functional capabilities, safe mobility skills, equipment needs, and creates a rehabilitative plan.
  - Occupational Therapy- assesses the patient's abilities after decline in independence and in coordination with the family and healthcare provider, establishes goals to return the patient's abilities to their prior level.
  - Speech Therapy- assists patients with disorders of cognition and communication.
  - Medical Social Work- assist patients and families when emotional, social or economic factors interfere with the patients' medical condition, rate of recovery, or treatment plan.
  - Nutrition Consultation- registered dieticians (RD) provide information to nurses on staff and patients, upon request.
  - Home Health Aide- licensed nursing assistants provide personal care services under the supervision of a nurse or therapist. Services include shampooing, bathing, nail care and special skin care, and assistance with transfers, such as to a bed from a wheelchair.

- Homemaker- assistance with household tasks for those who can no longer meet the needs for themselves. Services include grocery shopping, how to provide nutritious meals on a budget and others.
- Hospice Care- provides terminally ill patients with symptom management and the ability to achieve the highest quality of life in a patient's final stages of life.
- Palliative Care- enables the patient to choose active treatment options and /or hospitalization, with an emphasis on quality of life as the disease process progresses.
- Options Education Program- provides comprehensive information about choices for elders and adults with disabilities about how and where to live, and what services they may be eligible to receive.
- Medicaid Home-Based Waiver- individuals who need nursing home level of are and meet Medicaid long term financial eligibility can have personal care, adult day services, respite, and case management services.
- Maternal Child Health Services- nurses provide services to healthy moms and babies participating in Early Infant Discharge programs offered through most private insurance companies. They also provide prenatal and postpartum teaching and care for mothers and babies who may be at risk for medical or social problems. Infants or children with acute or chronic illnesses or developmental disability are also managed and sometime need physical therapists and/or speech and language pathologists. Some infants are dependent on high technology equipments and are cared for under the Pediatric High Tech Program.
- Traumatic Brain Injury Medical Waiver Program- community based rehabilitative services for moderate to server traumatic brain injury.
- Infusion Therapy- patient centered intravenous infusion services in the patient's home.
- Nurse on call - 24 hours a day nursing to respond to patient's needs for services outside of normal business hours, on weekends, and holidays.

Childcare and Child Development Resources

- Mary Johnson Resource & Referral provides information to people interested in becoming childcare providers, provides lists of registered and licensed childcare providers in the community, organizes trainings and workshops for childcare providers, and manages the childcare subsidy program. Affordability, availability, and safety, are pressing issues when families are considering childcare.
- Head Start provides home based and center based services to children ages 3-5 whose family income is at 100% or less of federal poverty level.
- Family Infant Toddler Project provides developmental screening and services to children birth to three years with identified speech and motor delays.

- Parent to Parent is a support system for parents who have children with chronic illnesses or disabilities.
- Parent Child Center provides on-site childcare, parenting education, support, vocational training, and scholastic achievement support for young parents.
- Early Essential Education provides developmental screening for children ages 3-5 years old and assistance with identified developmental delays.
- Migrant Education provides home based education and school support for children of parents who have moved into and out of a school system in the past 3 years.

Social Welfare Resources

- Vermont Department of Children and Family Services (Economic Services Division) formerly the Department of Welfare, determines eligibility and provides Foods Stamps, General Assistance, Fuel Assistance, Reach Up, and Aid to Needy Families and Children, to those meeting income guidelines.
- Addison County Community Action Group (ACCAG) seeks to eliminate poverty and empower all people of Addison County to participate actively in a just community. Since 1965, this community based non-profit organization has offered a range of emergency services to help people get back on their feet, including emergency assistance, self-help, advocacy, food, clothing, fuel, utility assistance, forms assistance, affordable housing, home rehabilitation, healthcare, and Christmas and Thanksgiving holiday food baskets and toys. United Way, grants, private donations, and contracts support services. Rental property is acquired with grants and loans, and maintained and managed with its rental income. The food shelf is stocked primarily from donation bins at churches, stores, from individuals, food drives from local schools, and cash donations. The clothing room is managed by volunteers and stocked with donations form the community. Retroworks & the Marion Munford Thrift Shop, part of ACCAG, offer low cost/free clothing, furniture, computers, appliance an household goods.
- Champlain Valley Office of Economic Opportunity (CVOEO)- provides advocacy, emergency back rent, food, fuel, utility assistance, help with landlord/tenant problems, and tax assistance.

Community Coalition Resources

People of Addison County Together (PACT), a partnership of community representatives, collaborates to improve the well being of children, families, and individuals to make the community a healthier place to live. PACT provides an opportunity to locally plan and make decisions for the development and implementation of local strategies to achieve identified goals. PACT of Addison County is often the fiscal agent of local program initiatives due to its 501c3 not-for-profit status.

Addison County Tobacco Roundtable is a coalition of individuals and agency representatives whose goal is to reduce the number of tobacco related illnesses and deaths by creating a comprehensive tobacco prevention and control plan for Addison County.

Addison County Long-Term Care Coalition is a group of area providers of long-term care services.

Addison County Early Childhood Council Early Childhood Council is made up of parents, child care providers, early childhood educators, health care providers, and mental health specialists. The council works to create a unified strategy for Addison County that will improve the well-being of young children and their families.

Addison County Drug and Alcohol Task Force The Addison County Alcohol and Drug Abuse Task Force promotes the reduction of problems arising from alcohol and other drug abuse by: A. Action as an advisory board to local and state groups on issues and concerns relating to alcohol and other drug abuse; B. Serving as a forum to facilitate coordination and communication; C. Initiating programs to assist in the prevention, early intervention and treatment of alcohol and other drugs.

Addison County Dental Care (ACDC) was created by area dentists, hygienists, and service providers to promote access to oral health services for all residents of Addison County with a special emphasis on reaching children and families with restricted incomes. ACDC will seek to promote preventive oral health and increased access to dental care.

- United Way of Addison County set their stakes high for 2002 and met their goal of raising $600,000 to support various social services agencies throughout the county. This agency's priority areas for funding are:
    - Children, Youth, and Family Services ($186,933)
    - Services to the Elderly ($94,188)
    - Health and Crisis Relief ($104,594)
- Maternal Child Health Coalition is a gathering of community health nurses, physicians, a nutritionist, a nurse practitioner, and other community partners that examine trends and needs of this population.
- Middlebury Area School Health (MASH) is collaboration between school and provider offices nurses, physicians, Vermont Department of Health's school liaison coordinator, and school guidance counselors, who met to discuss or have trainings on specific topics and share resources.

PRIORITIES

- Support the work of Community Health Services of Addison County to facilitate access to medical care for the uninsured/underinsured, including a third clinic on Saturday mornings in Middlebury
- Complete the Porter Hospital "North Project" to modernize medical facilities and provide the appropriate level of quality care
- Continue operation of Helen Porter Healthcare and Rehabilitation Center as a resource for institutional long-term care in our community, as well as short-term rehabilitation, respite and hospice services
- Support ESI and increase capacity for elderly daycare, family respite care and eldercare counseling
- Recruit geriatric trained physicians
- Increase access to preventive healthcare services for children and adults, including vaccination services.
- Advocate for more affordable, high quality childcare services.
- Advocate for increased access to healthcare services for migrant workers while working within our community.
- Support CSAC and improved access to mental healthcare services for all, especially for Medicaid and uninsured individuals
- Increase education and support Complementary/Alternative Medicine options, in collaboration with other providers at the local and statewide level
- Advocate for more consistent ambulance coverage for emergencies and patient transport from hospital to hospital
- Improve transportation to medical services for those in need
- Explore ways to improve transportation to medical care and other vital services for people with chronic illness, including dialysis services
- Ensure continued access to home healthcare services regardless of patient's location, clinical condition or ability to pay

Youth Risk Behaviors*		
Middlebury Service Area		
Risk Factor	**Service Area**	**Statewide Weighted Data**
cigarette use during the past 30 days	15.5%	19.9%
alcohol use during the past 30 days	32.5%	39.0%
marijuana use during the past 30 days	20.6%	24.6%
made suicide plan during the 12mo	11.0%	13.1 %
suicide attempt during the past 12mo	6.6%	7.0%
felt sad or hopeless[1]	20.1%	23.3%

* 2003 Vermont Youth Risk Behavior Survey Data (8-12th grade)

1 Almost every day for two weeks or more in a row that you stopped doing some usual activities

Adult Lifestyle and Risk Behaviors*		
Middlebury Service Area		
Risk Factor	**Service Area**	**Vermont (overall)**
6+ Teeth Lost Due to Disease, Aged 65+[1]	16.3%	18.8%
Sedentary Last Month[2]	20.6%	20.0%
Meet Physical Activity Recommendation[3]	53.9%	55.1%
Over Healthy Weight[2]	58.3%	53.7%
Current Smoking (Irregular and Regular)[2]	19.4%	21.2%
Ever Told Blood Pressure is High[3]	25.6%	21.7%
General Health Rated Fair or Poor[2]	11.5%	10.9%
Fallen to Ground/Floor Last 3 Months, Aged 45+[4]	19.5%	16.4%
Everday Smoker Who Quit 1 Day or Longer During Past Year[5]	50.1%	45.3%

* All ages are 18+ unless otherwise stated

1 Based on 2000 and 2002 BRFSS data; age-adjusted to Year 2000 Standard Population; ages 18+

2 Based on 2000 to 2003 BRFSS data; age-adjusted to Year 2000 Standard Population; ages 18+

3 Based on 2000, 2001 and 2003 BRFSS data; age-adjusted to Year 2000 Standard Population; ages 18+

4 Based on 2000 and 2003 BRFSS data; age-adjusted to Year 2000 Standard Population; ages 18+

5 Based on 2001 to 2003 BRFSS data; age-adjusted to Year 2000 Standard Population; ages 18+

COMMUNITY INPUT [4]

Community members cited results from the Adult Behavioral Health Risk Factor Survey and Youth Adult Behavioral Health Risk Factor Survey, which collect health information through a telephone survey with a standardized sample selection procedure and uniform set of questions. Both surveys measure indicators of the prevalence of behaviors that contribute to the leading causes of death, disease, and injury. Through a cooperative agreement with the Department of Education, Vermont youth grades 8-12 have been surveyed every two years since 1985. Adult household telephone surveys have been conducted since 1990.

Survey Results

- Results of the 2000 and 2003 Adult Behavioral Health Risks Survey (BHRS) show that adult exercise habits have significantly improved.
- Addison County's 2003 Youth Risk Behavior Survey highlights recent trends in youth behaviors:
- Causes of Death
  - The leading cause of death in children ages 15 to 24 in this country is motor vehicle crash injuries. In 2001, 32% of deaths of Vermont children were due to motor vehicle accidents and alcohol use was associated with 36% of the fatalities among those 15-20 years old. [14]
  - The second and third leading causes of death in Vermont youth are homicide and suicide, respectively. From 1990-1998, Vermont's suicide rate among 15-24 year olds was higher than the national average with a rate of 15.1 deaths per 100,000, compared to 12.7 deaths per 100,000 nationwide. [14]
- Alcohol, Tobacco & Other Drugs

  The following is a summary of key substance abuse statistics from the "Youth Risk Behavioral Survey" for the year 2000:
  - 18% of 8th graders and 52% of 12th graders drink alcohol
  - 9% of 8th graders and 39% of 12th graders binge drink
  - 24% of students rode in a car driven by someone under the influence of alcohol
  - 10% of 8th graders smoke
  - 14% of 8th graders and 44% of 12th graders use marijuana

  Recent trends in youth alcohol, tobacco and drug use indicate:
  - Decreasing percentages of students have used alcohol and marijuana in the past 30 days
  - Deceasing trend of students who have used heroin (8th grade stayed the same)
  - Increasing trend of kids whose adult neighbors think it's wrong for kids their age to smoke cigarettes or marijuana
  - Increasing use of alcohol, tobacco, or other drugs in the past 30 days, among older youth

- Sexual Behavior
    - In 2000, 16% of 8th graders and 52% of 12th graders are sexually active
    - In 2000, there were 19.2 teen pregnancies per 1000 among girls 15-17 years, a significant decline since 1991 when the rate was 37.8
    - In 2003, 75% of 8th-10th graders and 65% of 11th and 12th graders used a condom during sex [14]
- Bodyweight & Nutrition
    - In 2003, 36% of girls in grades 8-12 describe themselves as overweight and 57% are trying to loose weight [14]
    - In 2003, youth physical activity of youth decreases with age [14]
- Exercise and Physical Activity
    - The increased sedentary lifestyle and resulting increase in weight in Vermont youth has been well documented. In 2003, 48% of Addison County 8th graders reported 5 days of physical education during the week; this dropped to 5% for youth in 12th grade. The reduction in physical education by the 12th grade is less than the state average of 9%. [15]

Community Resources [15]

- Addison County Transit Resources (ACTR)
- Community organizations that support healthy communities such as United Way and the Addison County Parent Child Center
- Youth Health programs that provide Life Skills curriculum in the schools, Coordinated School Health Programs, Police Explorers group, Police bicycle safety programs, Project Graduation, Peer Mentor Groups, and Strong & Healthy Kids program
- Substance abuse assets include the Drug & Alcohol Task Force and the Substance Abuse Prevention Specialist in the schools
- Exercise options in our community such as Mount Abraham High School, which opens its doors for morning walking groups and Middlebury College offers limited hours for walking on its indoor track. The Trail Around Middlebury provides paths for walking and mountain biking. Private fitness centers throughout the county offer a variety of options for adults.
- After School options provided by Recreation Departments, which offer regular activities for youth (Vergennes has a Boys and Girls Club and Bristol has an active Recreation Center), the school running programs for girls, Ilsley Library, school dances, and the ice rink
- Healthy eating programs include the summer lunch program, school free & reduced lunch, FIT WIC in childcare, and Cooking for Life classes

- Smoking cessation classes and 1-1 counseling services offered through Porter Hospital in Middlebury and Vergennes. The Vermont Department of Health has a Quit Line. Access to classes for adults living in outlying towns could be an issue, although telephone counseling is an effective option for these individuals. The Addison County Tobacco Roundtable is also a community asset.
- Services for seniors include a number of senior centers throughout the county that offer a variety of programs for senior citizens. RSVP, Project Independence, and Meals of Wheels are all community programs designed to help seniors stay independent and living in their own homes.

Adult Healthy Lifestyle Needs[15]

- Many adults, especially seniors, living in rural communities, report social isolation.
- Community members identify the need for safe places to walk (especially in the winter) or ride bicycles.
- Not every town has a senior center and transportation is an issue for seniors.

Youth Healthy Lifestyle Needs[15]

- In Addison County, youth frequently complain, "there is nothing to do." A review of community assets and needs (see attached) seems to support the notion that little is available to youth who do not play team sports. Youth's likelihood of involvement in risky behaviors is reduced when youth feel a personal connection to family, school and community and/or are involved in constructive, supervised extra-curricular activities, according to research studies.
- Funding cuts to support after school programs may preclude local schools' attempts to expand after school activities. Examples of this include plans by the Town of Middlebury to cut Town Recreation programs and federal cuts to alcohol and tobacco prevention programs. For years, Middlebury has attempted to create a teen center. While progress continues, the final product is still years away.
- Fees are another barrier to use of community facilities such as Recreation Centers and Fitness Centers for some families. While Middlebury College has state of the art facilities, access is limited to College community members.
- Other identified youth needs include:
    - Transportation for after school activities is always cited as an issue.
    - Funding for recreation centers
    - Substance free activities
    - Complete teen center in Middlebury
    - Bike paths
    - Safe sex education
    - Programs for out of school youth

- Employment for youth
- Early identification of youth with issues of substance abuse, substance abuse counseling and treatment
- Smoke free bars
- After school and summer programming for all youth
- Easy access to scholarship money
- More free activities for families
- Better marketing of services and programs
- Access to college facilities for community members
- Indoor walking facilities
- Alternative activities available for youth who do not play team sports
- Expanded smoking cessation classes
- Safer sidewalks, expand sidewalks to streets where none exist (i.e., Exchange St.), crossing guards at school crossings

PRIORITIES

- Support community efforts and programs to address smoking issues within the school setting and community
- Expand smoking cessation programs
- Place increased emphasis on nutrition education and physical activity within our community and school system, and promote healthy food/beverage choices in general and, specifically, within our school meal programs and vending machines
- Increase exercise opportunities for area youth
- Increase opportunities for youth activities in a constructive/supervised environment (teen centers)

Discharges for Falls, Fire, Motor Vehicle Crashes, and Assaults*

Porter Hospital

Age	Injury Type	Hospital Actual Count	% of Hospital Total	State Actual Count	% of State Total
	Fall[1]	386	31.8%	5,451	29.3%
	Fire[2]	4	0.3%	46	0.2%
	MV Crash[3]	71	5.8%	966	5.2%
	Total Injuries[4]	1,214	100.0%	18,613	100.0%
	Assault[5]	10	2.2%	218	3.4%
	Fall[1]	457	21.9%	6,471	20.5%
	Fire[2]	19	0.9%	146	0.5%
	MV Crash[3]	203	9.7%	3,003	9.5%
	Total Injuries[4]	2,084	100.0%	31,582	100.0%
	Assault[5]	35	1.7%	1,095	3.5%
	Fall[1]	195	29.2%	2,898	27.3%
	Fire[2]	2	0.3%	56	0.5%
	MV Crash[3]	51	7.6%	874	8.2%
	Total Injuries[4]	668	100.0%	10,609	100.0%
	Assault[5]	8	1.2%	124	1.2%
	Fall[1]	220	59.8%	3,609	56.6%
	Fire[2]	0	0.0%	16	0.3%
	MV Crash[3]	15	4.1%	338	5.3%
	Total Injuries[4]	368	100.0%	6,377	100.0%
	Assault[5]	0	0.0%	11	0.2%
	Fall[1]	1,258	29.0%	18,429	27.4%
	Fire[2]	25	0.6%	264	0.4%
	MV Crash[3]	340	7.8%	5,181	7.7%
	Total Injuries[4]	4,334	100.0%	67,181	100.0%
	Assault[5]	53	1.2%	1,448	2.2%

*2002 Emergency Dept. Visits by VT Residents and Non-Residents, Including Visits that Resulted in Admission

1 Falls include records with an Ecode (in the Ecode field or any diagnosis field) in the range E880-E886.9, E888-E888.9, E957-E957.9, E968.1, and E987-E987.9

2 Fire includes records with an Ecode (in the Ecode field or any diagnosis field) in the range E890-E899.9, E958.1, E968.0, and E988.1

3 Motor Vehicle Crashes include records with an Ecode (in the Ecode field or any diagnosis field) in the range E810-E819.9, E958.5, E968.5, and E988.5

[4] Total injuries includes records with a primary diagnosis in the ICD-9-CM range: 800-909.2, 909.4, 909.9, 910-994.9, 995.5-995.59, and 995.8-995.85

[5] Assault includes records with an Ecode (in the Ecode field or any diagnosis field) in the range E960-E966.9 and E968-E969.9. Assault counts may duplicate records reported above for falls, fire, or motor vehicle crashes.

Child Victims of Abuse and Neglect*		
Middlebury Service Area		
Risk Factor	**Service Area**	**Vermont (overall)**
Physical Abuse Victims per 10,000 Population	13.9	16.6
Sexual Abuse Victims per 10,000 Population	30.1	30.2
Neglect Victims per 10,000 Population	13.9	36.2

* Vermont Agency of Human Services, Department for Children and Families average of 2002 and 2003 data for population under age 18 (as of April 2002)

COMMUNITY INPUT

Recent trends in Youth Violence and Injury are presented below:

- 90% almost always/always wore their seatbelt when driving with other students, however 10% do not. [14]
- The proportion of students driving a car when they had been drinking is declining, however, there are increasing numbers of 12th graders driving when they had been smoking marijuana. [14]
- There is a decreasing trend in children who have made a plan about how to commit suicide.[14]

Domestic Violence Prevention Resources[16]

- WomenSafe, Inc. is a local non-profit organization that arranges safe refuge, legal advice, counseling for abused victims and children, and also offers community workshops such as self-defense class and various support groups.

- Each year, WomenSafe helps more women and their children stay safe than the year before. For the year ended June 30, 2004 WomenSafe had 575 new contacts with women who needed our assistance. We fielded more than 3,500 calls from victims, survivors, their friends, family and concerned community members. We worked with women and children through the age of 95. In addition, we provided supervised visitation services for families that allowed children and custodial parents a safe way for the children to visit with their non-custodial parent.

- Addison County currently has on call Sexual Assault Nurse Examiners (SANEs) at Porter Hospital and at Middlebury College Parton Health Center. These nurses are trained to provide rape exams for forensic purposes when a victim thinks that she would like to report the assault.

- The Addison County Sexual Assault Response Team is a group of professionals who work with victims of sexual violence in the community and who work together to ensure that Addison County services remain victim centered.

- The Domestic Violence Task Force meets monthly to continue in the development of our coordinated community response to domestic violence in Addison County.

- Community organizations involved in domestic violence issues include members of Porter Hospital, the Middlebury Police Department, WomenSafe, Vermont State Police, Counseling Service of Addison County, among others.

Domestic Violence Prevention Needs [16]

- Many women who are physically abused seek assistance n the health care settings – often repeatedly (Berrios & Grady, 1991). "The U.S. Department of Justice reports that 37% of

all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend or girlfriend." (Nudelman, 1999). In fact, studies show consistently that women who are victims of domestic and sexual violence use the healthcare system for ambulatory care 28%, obstetrical 10 –32%, mental health 64% (physical assaults) and 38% (sexual assaults as adults). (Nudelman, 1999). Often, healthcare service providers can be a safe place for women to tell a trusted nurse or doctor about the abuse she is experiencing and to begin to get the help that she needs to keep herself and her children safe.

- Addison County ranks third in the state for domestic violence related homicides from data collected for the period 1994-2003. The nine domestic violence related homicides in Addison County are surpassed only by Chittenden and Rutland Counties, both with twelve.[17] This rate is alarmingly high, given the comparatively much lower population in Addison County. (In 2000, Chittenden County had a population of 146,571; Rutland County had 63,400 people and 35,974 people lived in Addison County.[18])

- Addison County needs more resources to assist women and their children stay safe. Healthcare providers play a key role in assisting victims of domestic violence. Research has shown that many women respect and trust their provider, making them a perfect ally to help them find the services that they need to be safe. WomenSafe is skilled at providing educational presentations to assist providers in screening for abuse in a safe, confidential manner. These screenings can take only a few minutes but could be lifesaving for the family. Other resources would include low to no cost transportation, childcare and subsidized safe affordable housing. Finally, victims and survivors need a community that coordinates a response to domestic and sexual violence that makes it clear to all community members that it is not acceptable, by holding perpetrators accountable for their behavior.

- "WomenSafe" recommends the need for:
    - Increased privacy in Porter Hospital Emergency Department, including designation of an area for a Rape Examination Room
    - More women dentists as a comfort for sexual assault victims
    - More substance abuse intervention/treatment options for women, including opiate treatment in Addison County
    - There is a need for more counseling/mental health services for women (and others), improved continuity of care, and reduced waiting times for care
    - A lack of transportation
    - Reduction in "HMO insurance restrictions," as a barrier to care

PRIORITIES

- Support schools in addressing violence/bullying issues
- Increase counseling/mental health services for victims of abuse/sexual assault
- Recruit women dentists to serve victims of abuse/sexual assault

Specialty Care Physicians Compared to Population*		
Middlebury Service Area		
Statistic	**Service Area**	**Vermont (overall)**
OBGYN Physicians	3.9	59.1
Anesthesiologists	1.0	69.1
Emergency Medicine Physicians	3.0	60.6
Specialized Internal Medicine Physicians	1.6	96.8
Total Population	28,231	615,611
OBGYN Physicians Per 100,000	13.7	9.6
Anesthesiologist Physicians Per 100,000	3.5	11.2
Emergency Medicine Physicians Per 100,000	10.5	9.8
Specialized Internal Medicine Physicians per 100,000	5.8	15.7
General Surgeons	1.1	43.4
Orthopedic Surgeons	2.0	50.0
Other Surgeons	1.0	29.0
Neurologists	0.2	28.1
Total Population	28,231	615,611
General Surgeons per 100,000 Population	3.9	7.0
Orthopedic Surgeons per 100,000 Population	7.1	8.1
Other Surgeons per 100,000 Population	3.5	4.7
Neurologists per 100,000 Population	0.7	4.6
Child Psychiatrists	0.9	14.5
Child Population[1]	6,816	147,976
Child Psychiatrists per 100,000 Child Population1	13.6	9.8
Psychiatrists[2]	14.0	101.3
Radiologists	2.6	64.7
Urologists	0.7	22.6
Ophthalmologists	0.8	39.4
Total Population	28,231	615,611
Psychiatrists per 100,000 Population	5.6	16.4
Radiologists per 100,000 Population	9.1	10.5
Urologists per 100,000 Population	2.4	3.7
Ophthalmologists per 100,000 Population	3.0	6.4

*Data on physicians is Full Time Equivalent and from the 2002 Department of Health Physician Survey. Data on Population is from April of 2002 as provided by Claritas.

[1]Child Population is Under Age 18

[2] Psychiatrists data excludes child psychiatrist data as it is listed separately.

Internal Medicine and Family Practice Physicians Compared to the Adult Population*		
Middlebury Service Area		
Statistic	**Service Area**	**Vermont (overall)**
Family Practice Physicians	18.1	206.2
Internal Medicine Physicians	3.6	145.5
Family Practice and Internal Medicine Physicians Combined	21.7	351.7
Total Population	28,231	615,611
Adult Population[1]	21,415	467,635
Family Practice and Internal Medicine Physicians per 100,00 Adult Population[1]	82.9	75.2

*Data on physicians is Full Time Equivalent and from the 2002 Department of Health Physician Survey. Data on Population is from April of 2002 as provided by Claritas.

[1]Adult Population is Age 18 and Over

Pediatric and Family Practice Physicians Compared to the Child Population*		
Middlebury Service Area		
Statistic	**Service Area**	**Vermont (overall)**
Family Practice Physicians	18.1	206.2
Pediatric Physicians	6.7	82.2
Family Practice and Pediatric Physicians Combined	24.8	288.4
Total Population	28,231	615,611
Child Population[1]	6,816	147,976
Family Practice and Pediatric Physicians per 100,000 Child Population [1]	173.1	194.9

*Data on physicians is Full Time Equivalent and from the 2002 Department of Health Physician Survey. Data on Population is from April of 2002 as provided by Claritas.

[1]Child Population is Under Age 18

Primary Care Physicians (PCPs) and New Patients*		
Middlebury Service Area		
Statistic	**Service Area**	**Vermont (overall)**
PCPs[1]	32.2	492.9
PCPs Accepting New Patients	26.8	397.3
PCPs NOT Accepting New Patients	4.5	80.7
PCPs Accepting New Medicaid Patients	24.5	353.0
PCPs Not Accepting New Medicaid Patients	6.1	118.5
PCPs Accepting New Medicare Patients	19.4	289.7
PCPs Accepting New Medicare Patients	4.5	82.9
% PCPs Not Accepting New Patients	14.3%	16.9%
% PCPs Not Accepting New Medicaid Patients	19.9%	25.1%
% PCPs Not Accepting New Medicare Patients	18.7%	22.2%

*Data on physicians is Full Time Equivalent and from the 2002 Department of Health Physician Survey. Data on Population is from April of 2002 as provided by Claritas.

[1]PCPs include OBGYN Physicians

Primary Care Physicians Over the Age of 60*		
Middlebury Service Area		
Statistic	**Service Area**	**Vermont (overall)**
Primary Care Physicians[1]	32.2	492.9
Family Practice Physicians	18.1	206.2
Internal Medicine Physicians	3.6	145.5
Pediatric Physicians	7	82
OBGYN Physicians	4	59
Physicians Over the Age of 60	4.0	41.6
Physicians Under the Age of 60	28.2	451.4
% of Physicians Over the Age of 60[2]	12.4%	8.4%

*Data on physicians is Full Time Equivalent and from the 2002 Department of Health Physician Survey. Data on Population is from April of 2002 as provided by Claritas.

[1]Primary Care Physicians include OBGYN Physicians

[2]The age of one physician was unknown and excluded when the percentage

Nurses and Other Health Care Positions*

Porter Medical Center

Nurses		
RN Vacancy Rate		4%
RN Turnover Rate		16%
Days to Fill RN Position		90
Travelers as % of Nurse/CRNA Budget		5%
Positions Most Difficult to Fill[1]		
Rank	**Position**	**Vacancy Rate**
1	Radiology Technician	8%
2	Stress Test Technician	50%
3	Surgical Technician	20%
Positions More Difficult to Fill in '03 than in '02[1]		
Rank	**Position**	
1	Radiology Technician	
2	not available	
3	not available	
4	not available	
5	not available	
6	not available	

*All data as of April 1, 2004 unless otherwise noted.

1 A higher rank indicates the position is more difficult to fill.

Dentists as Compared to the Population*		
Middlebury Service Area		
Statistic	**Service Area**	**Vermont (overall)**
Dentists per 100,000 Population[1]	32.6	36.6
% General Dentists Over 55 Years of Age[2]	71.0%	32.0%
% Full Time Equivalent Dentists Not Accepting New Patients	27 .0%	11.0%
% Full Time Equivalent Dentists Not Accepting New Medicaid Patients	43.0 %	42.0 %

*Data on physicians is Full Time Equivalent and from the 2002 Department of Health Physician Survey. Data on Population is from April of 2002 as provided by

[1]Data on Population is from 2003 as provided by Claritas.

[2]The age of one dentist was unknown and therefore excluded when the percentage was computed.

COMMUNITY INPUT

- The census trend for Addison County projects an increase in the elderly population and a decrease in the population of younger adults, worsened by the aging of the baby boomers and retirement or semi-retirement of nurses, as revealed by the following:
  - Seventy-six (76%) percent of the nurses in Vermont are over 40 years old. The median age of a nurse in Vermont is 47 years. In a 2003 Board of Nursing Relicensure survey, 85% of nurses between 20-30 years old who stated they were looking to leave their current position said they would leave the nursing profession; sixty five percent (65%) of those 31-40 years old responded similarly.
  - "Vermont schools and colleges are producing 36% fewer nurses today than they did 6 years ago." [19]
  - Porter Hospital reports that the three most difficult positions to fill in recent months have been: Radiology Technician, Surgical Technician and Stress Test Technician.
  - Other workforce needs identified via this Needs Assessment include: Dentists, Mental Health Professionals, Dermatologist, Stomal Therapy Nurse, and Certified Nurse-Midwives.

PRIORITIES

- Address professional/clinical shortages in: Nursing, Dentistry, Mental Health Professionals, Nurse-Midwifery, Radiology Technicians, Surgical Technicians, Stress Test Technicians
- Work together as a county to identify local needs and local solutions to problems about awareness, education and training.
- Encourage people to learn more about healthcare careers and the opportunities to work in Addison County.
- Encourage more local students to explore nursing and health careers to address the shortage of providers.

HEALTHCARE SERVICES

Healthcare Services Resources

- Addison County maintains a diverse and strong infrastructure of health and social services programs.
- Our variety of private and public health and social service organizations work together with a generally high degree of collaboration and coordination.

HEALTHCARE SERVICES NEEDS/PRIORITIES

- Many forces including inadequate reimbursement, the high cost of health insurance, an aging population, changing consumer expectations, rapidly expanding technology, and current and projected staffing shortages impact the delivery of healthcare services in Addison County.

- Hospital facilities, services, programs and technology identified as important by community leaders/community members:
  - There was universal agreement among those interviewed throughout this process of the importance of having a strong community hospital available in our community providing emergency and acute care services.
  - Many comments made during the process of the interviews, meetings and other conversations highlighted the importance of Porter Hospital's proposed "North Project" to modernize 30 year-old maternity and surgical facilities in order to maintain quality hospital services and attract/retain qualified professional staff and physicians to our region.
  - Concurrently, many of those interviewed also expressed appreciation for the availability of local services provided by Helen Porter Healthcare and Rehabilitation Center in the areas of long-term care, dementia services, hospice, respite and short term rehabilitation services.

ACKNOWLEDGEMENTS: COMMUNITY MEMBERS AND ORGANIZATIONS

HEALTHCARE PROFESSIONALS

Pat Jannene, RN	Vice President for Patient Care Services / Porter Hospital
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Ruth Hardy	Director of the “Open Door Clinic”
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Margaret Tarmy	Middlebury Office of the Vermont Department of Health
Jeff Heath	Middlebury Office of the Vermont Department of Health

LOCAL GOVERNMENT OFFICIALS

Sen. Gerry Gossens	Needs Assessment Advisory Committee
Sen. Claire Ayer	Needs Assessment Advisory Committee
Rep. Steve Maier	Needs Assessment Advisory Committee
Addison County	Legislative Delegation (survey)

COMMUNITY ORGANIZATIONS

Middlebury College
Addison County Chamber of Commerce
Addison County Economic Development Corporation
Addison County Home Health
Elderly Services
Community Health Services of Addison County
Helen Porter Healthcare and Rehabilitation Center and Porter Hospital
Planned Parenthood
Counseling Services of Addison County
Mary Hogan Elementary School
United Way of Addison County

LOCAL BUSINESSES

Joe Sutton	Waybury Inn
Liz Markowski	Everywear
Employee Survey	Country Home Products
Ken Perine	National Bank of Middlebury
Linda Stearns	Addison County Chamber of Commerce
Jamie Stewart	Addison County Economic Development Corporation

OTHERS

Bob Stetson	Porter Hospital Board Member from Bristol
Barbara Saunders	Co-Director Mary Johnson Children's Center
Ilana Snyder	Co-Director Mary Johnson Children's Center
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Ann Crocker	Vermont Adult Learning

REFERENCES AND CONTRIBUTORS

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3. Rachel Guy, Executive Director, Planned Parenthood of Northern New England, Middlebury Office
4. Margaret Tarmy, RN, Vermont Department of Health
5. Barbara Saunders, Co-Director, Mary Johnson Children's Center, Middlebury
6. Mary Gill, RN, School Nurse, Mary Hogan Elementary School and ACSU Health Advisory Council Member
7. Counseling Service of Addison County
8. Addison County Home Health and Hospice
9. Ruth Hardy, Executive Director, Community Health services of Addison County, Open Door Clinic
10. Dr. Rob Frank, Addison County Dental Care Association
11. Lorilee Schoenbeck, ND
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