



Choosing Health

**NORTHEASTERN VERMONT
REGIONAL HOSPITAL**



Community Health Needs Assessment Implementation Plan 2018

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For more information, or to receive a hard copy of this plan contact:
Laural Ruggles, Director Community Health Improvement
l.ruggles@nvrh.org
802-748-7590
This plan was adopted by the NVRH Board of Trustees on 8/29/18

Introduction

NVRH conducted a Community Health Needs Assessment in fiscal year 2018. This Implementation Plan is a companion piece to that needs assessment. The Implementation Plan outlines a plan of action for how NVRH plans to address the top community health priorities for the next three years. Both the Community Health Needs Assessment and the Implementation Plan can be found at <https://nvrh.org/community-health-needs-assessment>.

The purpose of our community health needs assessment is to identify initiatives at the individual, community, environmental, and policy level, as well as programs and services that meet our mission to improve the health of people in the communities we serve.

Most importantly, we know as a hospital cannot do this alone. The leading criterion for priority setting for our work is the ability to work with our community partners and capitalize on our many community resources and assets.

“Health equity exists when all people have a fair and just opportunity to be healthy” – Vermont State Health Assessment 2018

We know that not everyone has the same opportunity to be healthy. As we work to improve health in our communities, we know we have to be intentional about improving the systems and structures within our organizations and in our region and state that support health and equal opportunities for all.

The Community Health Needs Assessment 2018 validated the objectives of the Caledonia & So. Essex Accountable Health Community that our communities will be

- Financially Secure
- Physically Healthy
- Mentally Healthy
- Well Nourished
- Well Housed

Definition of Equity

Equity is fairness achieved through systematically assessing disparities in opportunities and outcomes caused by structures and systems and by addressing these disparities through meaningful inclusion and representation of affected communities and individuals, targeted actions, and changes in institutional structures and systems to remove barriers and increase pathways to success.

When Collective Impact has an Impact: A Cross-Site Study of 25 Collective Impact Initiatives.
<http://collectiveimpactforum.org/>



Criteria

Over the next three years, NVRH will implement initiatives, and programs and services that work to meet these five objectives to improve health in the community, while intentionally addressing the underlying causes of health disparities.

When possible, NVRH will implement evidence-informed policies, programs, and system changes that will improve the wide variety of factors that affect health.

Additionally, we will prioritize solutions that:

- Maximize the unique expertise and resources of NVRH
- Have the greatest impact on our most vulnerable populations
- Have results that are enhanced by working with our community partners
- Have potential for short term impact on community health
- Reduce the long-term cost of healthcare to the community
- Are tested/proven approaches to community health improvement
- Continue to be important to people who live in our communities

Process, Methods, Decision Makers

The Community Relations Committee of the Board of Trustees were apprised of the process and results of the Community Health Needs Assessment throughout fiscal year 2018 (October 1, 2017 – September 30, 2018), and given an overview of the process in November 2017. The Community Relations Committee of the Board received an update on the CHNA and Implementation Plan process at the July 9, 2018 meeting. A list of the members of the Community Relations Committee and meeting dates are included in the Appendix of this plan.



The entire Board of Trustees received an update on the Community Health Needs Assessment and Implementation Plan at the August 29, 2018 Board Meeting. The Board of Trustee members are listed in the Appendix.

The NVRH Senior Team reviewed the draft Implementation Plan in June and again in August 2018. The Board of Trustees approved the Implementation Plan at the August 29, 2018 meeting.

Measurable Objectives and Rationale for Objectives

The State of Vermont and other organizations in the state and around the country use the Results Based Accountability™ framework to measure success. RBA is a “disciplined way of thinking and taking action that can be used to improve the quality of life in communities” (*Trying Hard Is Not Good Enough*, Mark Friedman).



The Results Based Accountability™ (RBA) process provides a step-by-step process to get results. RBA defines both population level (a measure of whether we have achieved our outcome goals for the defined population) and performance level (measure of how well a program or service is working) measures. RBA uses a common sense approaches to gather data; simple things like community surveys with just a few questions or a show of hands at a meeting. RBA starts by asking the simple questions:

- How much are we doing?
- How well are we doing it?
- Is anyone better off?

The *NVRH Community Health Needs Assessment Implementation Plan* uses RBA to measure impact, evaluate initiatives, and drive action and change.

Methods for Reporting Progress

Progress on the implementation of the initiatives will be reported at least annually at the NVRH Community Relations Committee meeting and will be included in the Community Relations Committee report to the Board of Trustees.

Addition forums to report progress include: Green Mountain Care Board, Community Health Team meetings, prevention coalition meetings, civic organization meetings e.g. Rotary, and press releases in the hospital newsletter and the Caledonian Record.

Work Plans Year 1; FY2019

Outcome	Our Community will be Financially Secure <i>“Earning enough money to support yourself and your family; not worrying about money.”</i>		
Population Measures	<ul style="list-style-type: none"> • % living in poverty • Median household income 		
How Much?	How Well?		Is Anyone Better Off?
Action	Performance Measure	Comments	Budget
Transportation to work initiatives	# of people served	Identified as a gap in transportation services by low income residents and public transportation providers. NVRH will work with Voc Rehab and Creative Workforce Solutions to find short and long term solutions to transportation to work for low income individuals.	\$10,000*
Financially Secure CAN	TBD	The Financially Secure CAN has identified employee advancement and access to childcare as priorities; as well as increasing access to employment to recruit and retain young people to the area.	\$10,000*
Financial Security Screening in primary care	# of screenings # of referrals for services	The Institute of Medicine (IOM) and the Center for Medicare and Medicaid Services (CMS) recommend all healthcare systems include screening for financial security	In Kind – Sch H

		in a screening tool for social determinants of health.	
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*Included in the Community Health Improvement operations budget

Sch H = Internal Revenue Service Form 990, Schedule H for Hospitals is used to report a hospital's community benefit activities. Schedule H defines community benefit as activities or programs that respond to community health needs and that seek to achieve one or more of the following objectives: improving access to health services, enhancing public health, advancing generalizable knowledge and relief of government burden to improve health.

TBD = To Be Determined. In recognition that the community health improvement process is fluid.

Outcome	Our Community will be Physically Healthy <i>“Maintaining physical health and well-being through healthy behaviors and medical care.”</i>		
Population Measures	<ul style="list-style-type: none"> • % adults meeting physical activity guidelines • % adolescents meeting physical activity guidelines • Primary care provider FTE per 100,000 Vermonters • % adults over 20 who are overweight • % adults over 20 who are obese 		
How Much?		How Well?	Is Anyone Better Off?
Action	Performance Measure	Comments	Budget
Recruit and retain primary care providers	Patient experience surveys Wait times for appointments	Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity.	In kind – Sch H
Chronic Disease Self-Management Programs	# of classes # of participants	Self-management education is effective for people with chronic conditions, including arthritis, diabetes, heart disease, and lung disease. These interventions can reduce symptoms, give patients the confidence to manage their condition, and improve their quality of life.	In kind – Sch H
Community Paramedic Program	# of home visits Patient satisfaction	NVRH proposes to start the first in the state Community Paramedic Program. The goals of the program are to improve the quality of life for patients	In kind – Sch H

		discharged from the hospital and the ED, and make EMS a member of the care transitions team.	
Rides to Wellness; transportation program to medical appointments and other essential trips e.g. shopping, social service appointments	# of gas cards distributed by Community Connections # and cost of taxi rides	Community Connections screens clients for transportation needs; creates action plans with clients to plan for future needs; provides short term solutions such as gas cards or taxi rides.	\$2000 (Unmet Needs Fund)
Energize 365; community wide campaign to promote physical activity	# participants Pre and post surveys	Energize 365 is a community wide campaign to promote physical activity. It is a strategy of the Physically Healthy CAN of the CAHC.	\$10,500*
Girls on the Run	# of schools # of participants	Girls on the Run is a transformational learning program for 8 to 13 year-old girls. The program teaches life skills through dynamic, conversation-based lessons and running games.	\$4,500*
Bike Helmets	# of helmets	NVRH provides bike helmets for kids and adults. Helmets are distributed year round through the St. Johnsbury Police Department	\$600*
No Sugar Added water bottles	# of bottles	NVRH provides water bottles to the community, including schools as part of the No Sugar Added Campaign to reduce	\$1400*

		consumption of sugary drinks and reduce obesity.	
Diabetes Self-Management Services Outpatient	# of encounters	NVRH has 2 Certified Diabetes Educators who provide Diabetes Self-Management Education free of charge in a variety of outpatient settings.	In Kind - Sch H

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Our Community will be Mentally Healthy <i>“Coping well with the normal stresses of life; reaching your potential; making a contribution to your community.”</i>			
Outcome			
Population Measures	<ul style="list-style-type: none"> • % adults with a depressive disorder • % adolescents (grades 9 – 12) who made a suicide plan • Rate of suicide deaths per 100,000 • % of adolescents who smoke cigarettes • % of adolescents who used marijuana in the last 30 days • % of adolescents who binge drank in the last 30 days 		
How Much?	How Well?		
Action	Performance Measure		
Comments	Annual Budget		
Medication Disposal Drop Box Harm Reduction	# of gallons of waste	NVRH provides a medication drop box to the public 24/7	\$1000*
Behavioral Health Specialists in primary care	# of client encounters	NVRH primary care medical homes employ behavioral health specialists to meet short term counseling and behavioral change support	In kind-Sch H
Mental Health First Aid	# of workshops # of participants in the workshops	NVRH provides a trainer for this program designed to give people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it does build mental health literacy, helping the public identify, understand, and respond to signs of mental illness.	In Kind-Sch H
Dr. Bob’s House	Cost of in kind services provided to support the facility	The Kingdom Recovery Center resides in the NVRH owned	In Kind – Sch H

		Dr. Bob's House on Summer St. in St. Johnsbury.	
Psychiatrist services	Wait times No show rate Time for consult note completed and sent to referring provider	NVRH employs a part time psychiatrist to provide consulting services to area medical providers	In kind – Sch H
Community Health Workers in the St Johnsbury Schools	# of encounters	NVRH employs Community Health Workers in the Community Connections program. Two CHW's embedded within the St. Johnsbury School (pre K-8) to work as a team with school staff.	In Kind – Sch H
Substance Use Disorder Prevention: medication lock boxes; evidenced-based after school program for Cornerstone School; incentives for participation e.g. food	# of interventions # of participants	NVRH administers the Regional Prevention Partnership grant and the Tobacco Prevention grants for the State of Vermont in our region. We will financially support complimentary and supplemental programming for prevention.	\$9000*
Hub and Spoke medication assisted treatment for opioid use disorder	# of prescribers # of patients in treatment	Vermont's Hub and Spoke initiative focuses specifically on enhancing the provision of Medication Assisted Therapy (MAT) for individuals with opioid addiction. MAT, (methadone and buprenorphine) in combination with counseling, is recognized	In kind – Sch H

		<p>as the most effective treatment for opioid addiction. Primary care offices are considered Spokes because they prescribe buprenorphine (Hubs dispense methadone). To prescribe buprenorphine, physicians must complete a training course (eight hours minimum) and obtain a waiver from the federal government. Physician assistants (PAs) and nurse practitioners (NPs) to undergo 24 hours of training and education to become waived.</p>	
<p>Embedded Mental Health in ED</p>	<p># patients served</p>	<p>NVRH will work with community partners to respond to the number of high utilizers in the Emergency Department for mental health reasons. This program seeks to maintain appropriate level of medical screening for medical causes or comorbidities to mental health concerns, while quickly wrapping mental health responses around a patient with mental health concerns. An important component is follow up care, essential to reduce readmission</p>	<p>In Kind – Sch H</p>

		to the ED, thereby reduce ED utilization costs, and improve the quality of community-based mental health care.	
Comprehensive Care Clinic; and VT Cares Harm Reduction	# of encounters; value of rent	The NVRH Comprehensive Care Clinic provides care and treatment for HIV and Hep C; Vermont Cares runs the free needle exchange and is provided space rent free.	In Kind – Sch H
Recovery Coaches in the ED	# patients served	Modeled on the AnchorED program in R.I., on call recovery coaches will be embedded in the ED to handle brief interventions and referral to treatment for those presenting in the ED with substance use disorders, including overdoses.	In Kind – Sch H
Mentally Healthy CAN initiatives	TBD	The Mentally Healthy CAN has identified suicide prevention, especially among youth as a priority.	\$10,000*

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Outcome	Our Community will be Well Nourished <i>“Eating enough healthy food.”</i>		
Population Measures	<ul style="list-style-type: none"> • % adolescents (grades 9 – 12) eating 3 or more servings of vegetables daily • % adolescents eating 2 or more servings of fruit daily • % adults eating 3 or more servings of vegetables daily • % adults eating 2 or more servings of fruit daily • % adults with diabetes 		
How Much?	How Well?	Is Anyone Better Off?	
Action	Performance Measure	Comments	Budget
Veggie Van Go mobile produce market	# of families served each month Food Behavior Questionnaire	Veggie Van Go is a partnership with the Vermont Foodbank. Once a month, a fresh produce market is located at NVRH. The program is marketed to people with limited financial resources. NVRH provides the space and volunteers to run the market.	In kind – Sch H
Health Care Shares CSA for food insecure patients	# of families served	Health Shares is a partnership with the Vermont Youth Conservation Corp.	\$9600*
Summer Food Service Program for adolescents and children	# of meals served	This program is a partnership with the Vermont Department of Education and Hunger Free Vermont. Summer meals are served at no cost in the NVRH cafeteria. NVRH also provides box lunches at several program sites in the NEK.	In Kind – Sch H
Community Gardens	# of gardens	NVRH provides free garden space to community members.	In kind – Sch H

Hunger Vital Sign ; screening for food insecurity in primary care	# of patients screened # of patients referred to services	The Institute of Medicine (IOM) and the Center for Medicare and Medicaid Services (CMS) recommend all healthcare systems include screening for financial security in a screening tool for social determinants of health.	In kind – Sch H
Well Nourished CAN	TBD	The Well Nourished CAN is developing small scale place-based strategies to increase consumption of healthy food.	\$6400*

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Outcome	Our Community will be Well Housed <i>“Living in affordable and safe homes located in healthy communities with opportunities for positive social interactions.”</i>		
Population Measures	<ul style="list-style-type: none"> Households that spend 30% or more of their income on housing 		
How Much?		How Well?	Is Anyone Better Off?
Action	Performance Measure	Comments	Budget
Laundry for the Warming Shelter	# of pounds of laundry	NVRH provides laundry service to the Warming Shelter at no cost	In kind – Sch H
Healthy Homes initiative for people with COPD and Asthma	# of clients # and types of clean home products distributed	Healthy Homes started as a partnership with Efficiency Vermont. Community Health Workers provide disease self-management support and healthy home products like HEPA vacuum cleaners, mattress and pillow covers, air purifiers	\$5000*
Well Housed - Recovery Housing	TBD	The Governor’s Opioid Coordination Council (2018) identified “expand recovery housing” as a priority; the Well Housed CAN of the CAHC have also identified housing for those in recovery as a strategy.	\$15,000*
Housing Security Screening in primary care	# of screenings # of referrals to services	The Institute of Medicine (IOM) and the Center for Medicare and Medicaid Services (CMS) recommend all healthcare systems include	In Kind – Sch H

		screening for financial security in a screening tool for social determinants of health.	
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APPENDIX

Community Relations Committee of the NVRH Board of Trustees

The Community Relations Committee of the Board meets the second Monday of every other month in January, March, May, July, September, November at 7:30 am in the NVRH Business Center 126.

Board Members:

- Catherine Boykin
- Judythe Desrochers
- Darcie McCann, Chair
- Steve Nichols
- Kenneth Norris
- Mike Rouse, MD
- Tom Robinson
- Barbara Hatch
- Gary Simpson

Staff:

- Betty Ann Gwatkin
- Kathleen Cronin
- Laural Ruggles
- Pat Forest
- Michael Rouse
- Paul Bengtson
- Jen Layn

Community Members:

- Maurice Chaloux

NVRH Board of Trustees 2018

Jane Arthur
Catherine Boykin
Martha Davis
Judythe Desrochers
Steve Feltus
John Goodrich
Barbara Hatch
Terry Hoffer
Deborah Hunt
Joe Kasprzak
Terry Larsen, DO
Darcie McCann
Steve McConnell
Jeffrey Moore
Steve Nichols
Kenneth Norris
Mary Parent
Thomas Robinson
Ryan Sexton, MD
Gary Simpson

Reports and Local Experts Consulted in Development of this Plan

- Vermont State Health Plan DRAFT 2018
- Vermont Opioid Coordination Council: Initial Report of Recommended Strategies January 2018
- The Housing Survey for Professionals Serving Vermont with Substance Abuse Disorders October 2017
- Vermont State Plan on Aging 2017
- Vermont Local Opinion Leaders Survey: Regarding Alcohol, Tobacco, and Non-Medical Marijuana, Prevention and Control Policy Options, 2017
- Mary Grant, CEO; Rural Community Transportation
- Laura Rooker, VP Physician Practices, NVRH
- Cheryl Chandler, Regional Prevention Partnership Coordinator
- Melissa Connelly, Senior Counselor, Vocational Rehabilitation
- Todd Gratton, Business Manager, Creative Workforce Solutions