

NORTHEASTERN VERMONT REGIONAL HOSPITAL



# 2015

## Community Health Needs Assessment Implementation Plan



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# NVRH Community Health Needs Assessment Implementation Plan

## Introduction

NVRH conducted a Community Health Needs Assessment in fiscal year 2015. This Implementation Plan outlines a plan of action for how NVRH plans to address the top community health priorities for the next three years.

The Community Health Needs Assessment identified these three top priority areas:

- Poverty related issues
- Substance abuse/mental health issues
- Obesity related issues

## Process, Methods, Decision Makers and Criteria

The Community Relations Committee of the Board of Trustees was apprised of the process and results of the Community Health Needs Assessment throughout fiscal year 15 (October 1, 2014 – September 30, 2015). The Community Relations Committee of the Board received an update on the CHNA and Implementation Plan process at the May 11, 2015 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, as well as current NVRH community health improvement activities at the August 26, 2015 Board Meeting. The Board of Trustee members are listed in the Appendix.

The NVRH Senior Team reviewed and approved the Implementation Plan as recommended by the VP of Marketing and Community Health Improvement at several June 2015 meetings. The Board of Trustee's approved the Implementation Plan at the August 26, 2015 meeting.

## Process and Decision Criteria

Specific initiatives for the Implementation Plan were identified by the VP of Marketing and Community Health Improvement with input from community health experts in the late spring of 2015. A list of those experts is included as an Appendix.

The experts were asked to identify initiatives using the following criteria and considerations:



To be considered as part of the NVRH Implementation Plan, an activity must meet at least the first two, and ideally all three:

1. Be one of the three community need priorities
2. Be an area where the hospital has expertise
3. Have willing community partners with expertise

Each initiative was identified as a level of influence from the Vermont Prevention Model. The Vermont Prevention Model was developed by the Vermont Department of Health. It is the theoretical framework from which to approach a common model of prevention. To have the greatest impact, prevention activities must be addressed from multiple levels:

- Individual
- Relationships
- Organizational
- Communities
- Policies and Systems

The prevention model illustrates that there are many factors that influence the health of the community. Prevention efforts are most likely to be effective if they are: (State of Vermont Primary Prevention Report, 2008)

- Consistent with the needs and resources of the community,
- Developed with an understanding of the factors contributing to the problem,
- Designed to specifically address those factors,
- Inclusive of strategies addressing multiple levels of the model simultaneously,
- Sustainable over time,
- Age, gender and culturally appropriate, and
- Evidence-based or based on best and promising practices.

The Vermont Prevention Model diagram and an explanation of the levels of influence are included in the Appendix.

### **Measurable Objectives and Rationale for Objectives**

Each initiative has a set of measurable objectives. The objectives are tied to the statistics referenced in the 2015 Community Health Needs Assessment. All objectives are existing data points collected by reputable agencies like the Vermont Department of Health, the County Health Rankings, Vermont Department of Labor and others.

NVRH does not independently collect health statistics and data; therefore, we rely on reputable third parties for these measures.

### **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.

### **Implementation Tactics, Budget, and Work Plans**

The specific tactics and budget is included in the work plans included in the Appendix.

## 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
- Darcie McCann, Chair
- James Newell
- Kenneth Norris
- Laurel St. James Long
- Martha Ide
- Mike Rousse, MD
- Thomas Paul

#### Staff:

- Betty Ann Gwatkin
- Hilary DeCarlo
- Judy Harbaugh
- Laural Ruggles
- Pat Forest
- Paul Bengtson

## **NVRH Board of Trustees 2015**

Jane Arthur  
Catherine Boykin  
Charlie Bucknam  
Martha Davis  
Terry Hoffer  
Deborah Hunt  
Martha Ide  
Sam Kempton  
Terry Larsen, DO  
Darcie McCann  
Kristen Michaud  
James Newell, President  
Steve Nichols  
Kenneth Norris  
Tom Paul  
Mark Price, M.D.  
Thomas Robinson  
Michael Rouse, M.D.  
William Sargent, M.D.  
Laurel St James Long

## **Experts Consulted for this Plan**

### **Mental Health and Substance Abuse**

Vermont Department of Health

Justin Barton-Caplin

Jill Brown

Alcohol, Tobacco, and Other Drugs Coalition

Rose Sheehan

### **Poverty**

Community Health Team

Pam Smart

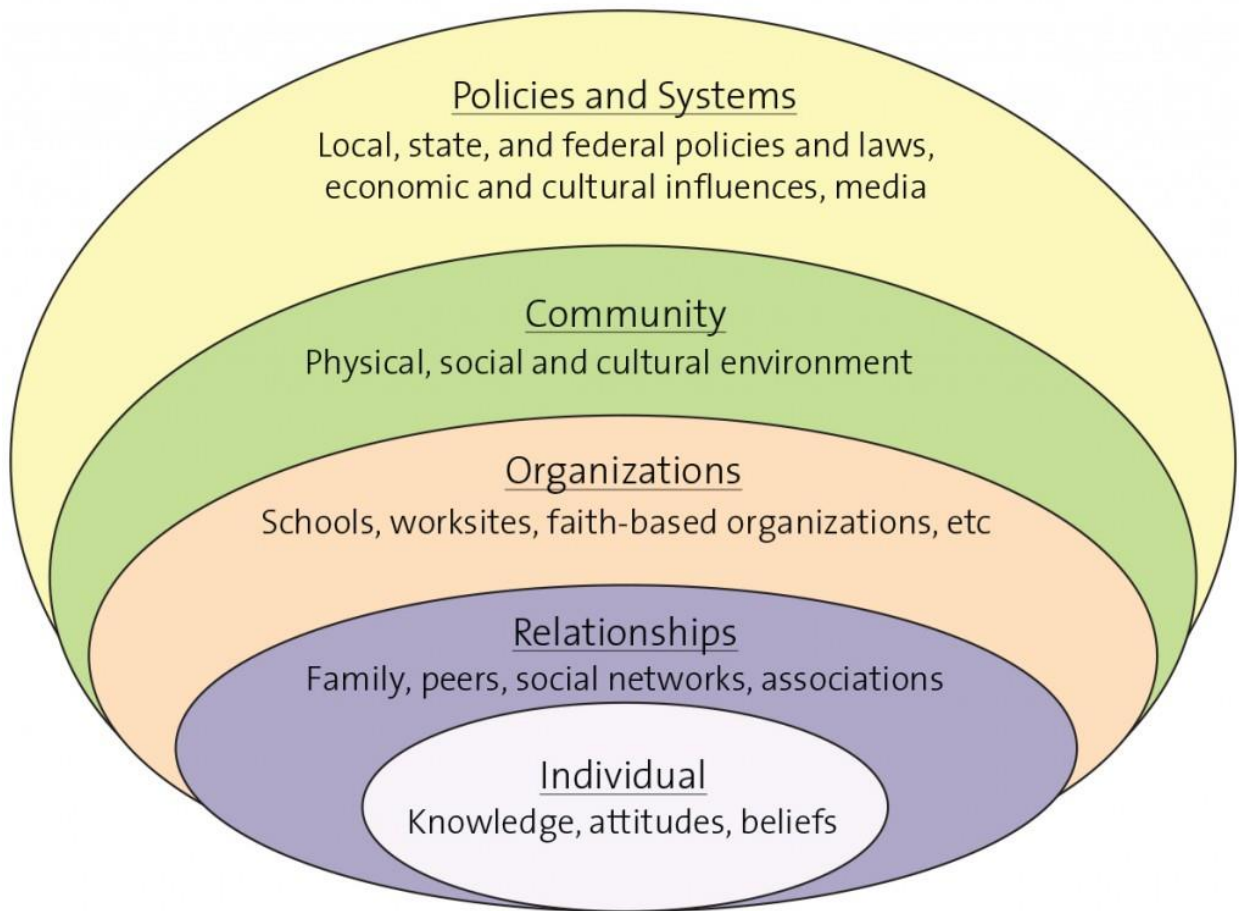
### **Obesity**

Registered Dietitians

Virginia Flanders

Sharon Anderson

# Vermont Prevention Model



Adapted from: McElroy KR, Bibeau D, StecklerA, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351377, 1988.



# Community Need: Mental Health/Substance Abuse

**Measureable Goal:**

1. % Adult Excessive/Binge Drinking
2. % Youth Binge Drinking
3. % of adults who smoke cigarettes
4. % of youth (grades 9 -12) who smoked cigarettes last 30 days
5. % of students who have misused a stimulant or prescription pain reliever
6. % of students who have misused a stimulant or prescription pain reliever in the last 30 days
7. % of person 12 and older who need and do not receive alcohol treatment
8. % Youth (grades 9 -12) who used marijuana in last 30 days

<b>Action Item/Specific Tactic</b>	<i>Decision Criteria</i> Willing Partners (list or NA)	<b>Prevention Model:</b> Individual Relationship Organization Community Policy	<b>Timeline:</b> FY16 FY17 FY18	<b>Hospital Resources Needed</b>	<b>Responsible Hospital Department/Person</b>
1. DART 2.0 Facilitate Drug Free Community Grant by hiring a consultant to review evaluation section	ATOD Coalition	Community Policy	FY16	<b>Budget:</b> Included in departmental operating budget. \$1000.00	Rose Sheehan
2. DART 2.0 Advocacy	BAART, NKHS, KRC, community members	Community Policy	FY16 - 18	CEO and staff time (inkind)	Paul Bengtson
3. Support Youth Mental Health First Aid Training	Vermont Department of Health	Individual	FY16 - 17	<b>In-kind:</b> conference room and refreshments <b>Budget:</b> Training Materials, Included in departmental operating budget. \$1000.00/annual	Laural Ruggles
4. Expand ATOD Coalition Outreach	Vermont Department of Health	Community Policy	FY16 - 18	<b>Budget:</b> Included in departmental operating budget. .1 FTE = \$5000.00/annual	Rose Sheehan
5. Prescription Drug Drop Box Disposal	Caledonia County Sheriff	Community	FY16	<b>Budget:</b> \$3000.00 for purchase of a local incinerator	Laural Ruggles
6. Dr. Bob’s House, Kingdom Recovery Center.	Kingdom Recovery Center	Individual	FY16 – FY18	Inkind support of NVRH Plant Operations staff, as well as capital improvements to the buildings and grounds.	Robert Hersey

# Community Need: Obesity

**Measureable Goal:**

1. % of adults with hypertension. % of children with hypertension. % of adults who are obese. % of children age 2 – 5 (in WIC) who are obese. % of adolescents ages 12 – 19 who are obese. % of adults meeting the physical activity guidelines. % of adolescents meeting physical activity guidelines. % of children ages 2 – 5 with no more than 2 hours of television, videos, or video games. % of children ages 2 – 5 with no more than 2 hours of computer use. % of adolescents with no more than 2 hours of screen time.
2. % of children with hypertension. % of children age 2 – 5 (in WIC) who are obese. % of adolescents ages 12 – 19 who are obese. % of adolescents meeting physical activity guidelines. % of children ages 2 – 5 with no more than 2 hours of television, videos, or video games. % of children ages 2 – 5 with no more than 2 hours of computer use. % of adolescents with no more than 2 hours of screen time.
3. % of adults who are obese. % of children age 2 – 5 (in WIC) who are obese. % of adolescents ages 12 – 19 who are obese.
4. Vermonter at risk of diabetes who complete the Diabetes Prevention Program.

Action Item/Specific Tactic	<i>Decision Criteria</i> Willing Partners (list or NA)	<b>Prevention Model:</b> Individual Relationship Organization Community Policy	<b>Timeline:</b> FY16 FY17 FY18	<b>Hospital Resources Needed</b>	<b>Responsible Hospital Department/Person</b>
1. Community Health Fund programs	Local not-for-profits	Individual	FY16 - 18	NVRCorp	Bob Hersey
2. Participate in the NEK Food Security Task Force - NEK food system plan	NVDA	Policy	FY16 - 18	Staff time (inkind)	Laural Ruggles, Ginny Flanders
3. Provide nutrition consult services to local food banks	Vermont Foodbank, local food banks	Individual	FY16	Staff time (inkind)	Sharon Anderson
4. Diabetes Self-Management Education; Healthy Eating Happy Cooking, Diabetes Prevention Program, Diabetes Support Group	NA	Individual	FY16 -18	Staff time (inkind)	Ginny Flanders
5. LVRT – trail head amenities	Towns of St J and Danville, Fit and Healthy Coalition	Community	FY16 - 18	<b>Budget:</b> \$3000/annual	Laural Ruggles
6. Bike Safety Fair	Town of St Johnsbury, NCIC, RecFit, Kiwanis, Elks, Local business	Individual	FY16 -18	<b>Budget:</b> Staff time (inkind); \$500/annual for bike helmets	Laural Ruggles
7. Expand social marketing campaign to counter marketing of sugar sweetened beverages.	Fit and Healthy Coalition Members, VT Department of Health, CDC	Community	FY16 - 17	<b>Budget:</b> Marketing department, nutritional counseling, marketing materials - \$20,000 for FY16	Laural Ruggles

8. Advocate at the state level for public policy initiatives to reduce and prevent obesity.	Alliance for a Healthy Vermont Fit and Healthy Coalition	Policy	FY16 - FY17	Staff time (inkind)	Laural Ruggles, Paul Bengtson
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# Community Need: Poverty

**Measureable Goal:**

1. % of adolescents who used contraception at most recent intercourse. % condom use among sexually active adolescent females. % condom use among sexually active males.
2. % Severe Housing Problems e.g. overcrowding, high costs, lack of kitchen or plumbing
3. % Below Poverty Level

<b>Action Item/Specific Tactic</b>	<i>Decision Criteria</i> Willing Partners (list or NA)	<b>Prevention Model:</b> Individual Relationship Organization Community Policy	<b>Timeline:</b> FY16 FY17 FY18	<b>Hospital Resources Needed</b>	<b>Responsible Hospital Department/Person</b>
1. A Team: NVRH will be a convener for area organizations to lead the discussion and work to break the cycle of poverty.	NCHC, NEKCA, NEKHS, NEK Council on Aging	Relationship Organization, Community, Policy	FY16 – FY18	Hospital leadership (inkind)	Paul Bengtson
2. Revitalize St J Riverfront	NVDA, Town of St Johnsbury, NCIC	Community	FY16	Hospital leadership (inkind)	Laural Ruggles
3. Community Health Fund programs	Advisory board	Individual	FY16 – FY18	NVRCorp	Bob Hersey
4. Expand “Family SASH” program	RuralEdge, Agency of Human Services, NEKYS	Individual, Community	FY16 – FY18	Community Connections staff time <b>Budget:</b> Included in departmental operating budget. Grant opportunities will be researched.	Pam Smart
5. LSC Center for Rural Entrepreneurship Summer Camps	Lyndon State College	Individual	FY16 – FY 18	<b>Budget:</b> \$1000/annually	Laural Ruggles
6. Support and expand “Reducing the Risk” program	Women’s Wellness, Schools, AHEC, Youth Services	Individual, Community	FY16 – FY18	Staff time (inkind)	Pam Smart Anea Lelong
7. Bridges Out of Poverty training	CHT	Community	FY16 - 18	Staff time (inkind) \$2000/annual for materials	Pam Smart. Mindy Warren
8. Promise Community Coalition	St Johnsbury School, State Agencies	Organization Community	FY16 - 17	Staff time (inkind)	Pam Smart, Becca Lewis

9. Supply laundry for warming shelter	DART 2.0, Community Justice Center, NEKCA	Community	FY16	Laundry (staff time) Linens (inkind)	Pete Gummere
10. Reach Out and Read	St Johnsbury Pediatrics	Individual	FY16 – FY18	<b>Budget:</b> \$5000/annual; cost of books	Laural Ruggles

ATOD = Alcohol, Tobacco, Other Drugs Coalition of Caledonia and s. Essex

BAART = BAART Behavior Health Services (medication assisted opiate treatment)

NKHS = Northeast Kingdom Human Services (dedicated mental health agency for the Caledonia, Orleans, Essex)

KRC = Kingdom Recovery Center

NVDA = Northeastern Vermont Development Association (regional planning commission and economic development agency for Caledonia, Orleans, Essex)

NCIC = Northern Community Investment Council

CDC = Centers for Disease Control and Prevention

NEKYS = Northeast Kingdom Youth Services

AHEC = Area Health Education Center

CHT = Community Health Team

DART 2.0 = Drug Abuse Resistance Team

NEKCA = Northeast Kingdom Community Action