Choosing Health

NORTHEASTERN VERMONT REGIONAL HOSPITAL

Community Health Needs Assessment Implementation Plan 2021

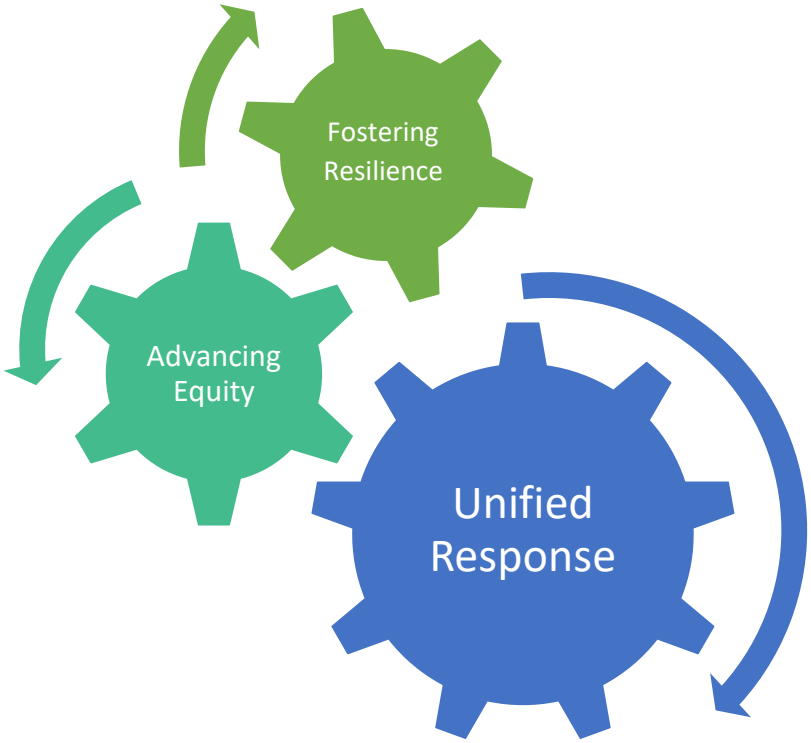

Table of Contents

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This plan was adopted by the NVRH Board of Trustees on May 26, 2021

Introduction

NVRH conducted a Community Health Needs Assessment in fiscal year 2021. This Implementation Plan is a companion piece to the 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.

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. Initiatives that specifically address health equity in this Implementation Plan are identified by the yellow health equity icon.

> **"Health equity** is achieved when a person's characteristics and circumstances — including race and ethnicity, sex, gender identity, sexual orientation, age, income, class, disability, health, immigration status, nationality, religious beliefs, language proficiency, or geographic location — do not predict their health outcomes."
>
> Source: https://healthlaw.org/equity-stance/

The Community Health Needs Assessment 2021 validated the objectives of NEK Prosper - Caledonia & So. Essex Accountable Health Community that our communities will be:

- **Financially Secure** - Earning enough money to support yourself and your family; not worrying about money.
- **Physically Healthy** - Maintaining physical health and well-being through healthy behaviors and medical care.
- **Mentally Healthy -** Coping well with the normal stresses of life; reaching your potential; making a contribution to your community.
- **Well Nourished** – Having enough healthy food to eat.
- **Well Housed -** Living in affordable and safe homes located in healthy communities with opportunities for positive social interactions.

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 2021 (October 1, 2020 – September 30, 2021), and given an overview of the process in March 2021. The Community Relations Committee of the Board received an update on the CHNA and Implementation Plan process at the May 10, 2021 meeting. A list of the members of the Community Relations Committee 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 May 26, 2021 Board Meeting. The Board of Trustee members are listed in the Appendix.

The NVRH Senior Team reviewed the draft Implementation Plan and agreed on the budgeted items in spring 2021. The Board of Trustee's approved the Implementation Plan at the May 26, 2021 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).

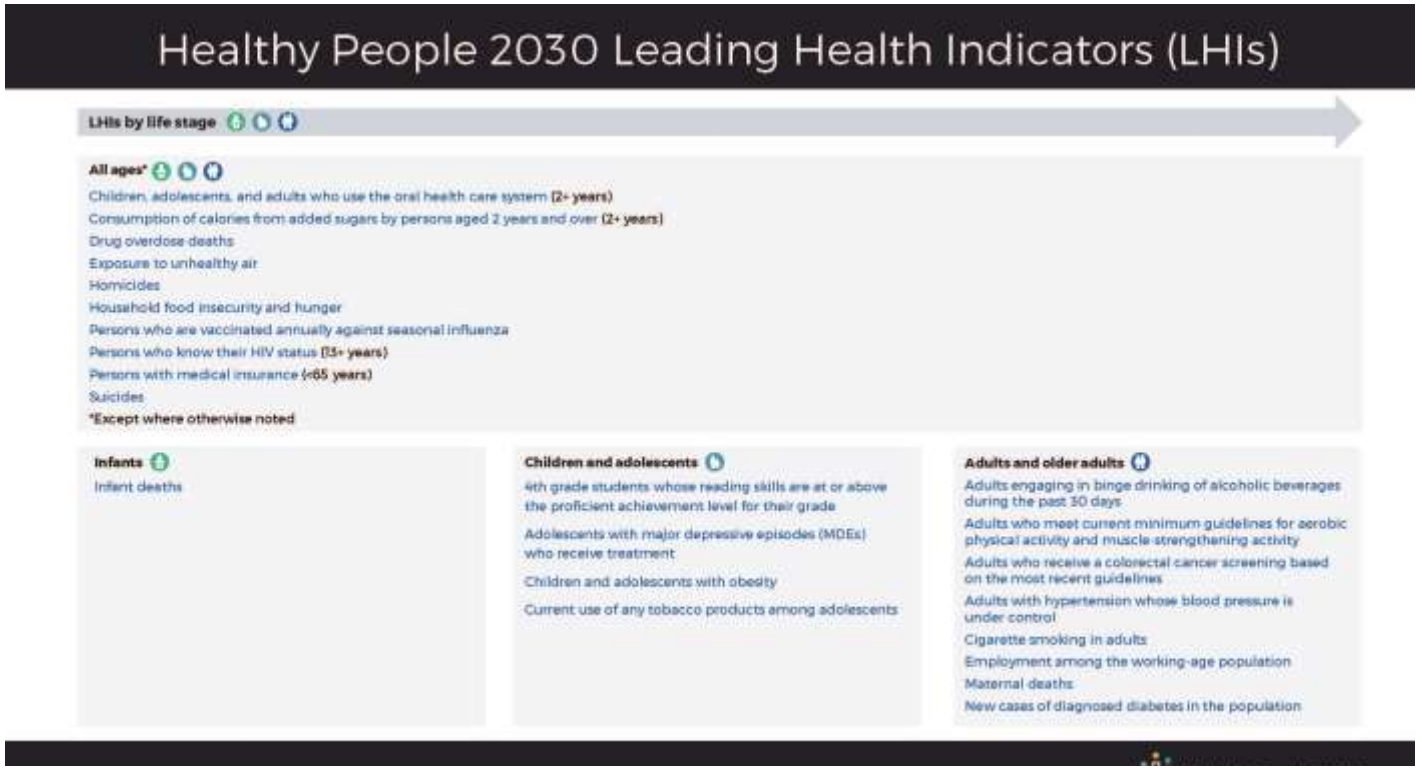
Results Based Accountability™ (RBA) provides a step-by-step process to get results. RBA defines both population level (a measure of whether we have achieved our outcome goals for the defined population) and performance level (measure of how well a program or service is working) measures. RBA uses a common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

Healthy People 2030

Healthy People 2030, from the US Department of Health and Human Services, sets data-driven national objectives to improve health and well-being over the next decade. As they did with Healthy People 2020, the State of Vermont plans to align with the Healthy People 2030 indicators; however, as of the writing of the NVRH 2021 Community Health Needs Assessment and Implementation Plan, the alignment has not been done. Once we have Vermont and regional numbers for the Healthy People/Vermont 2030 measures we can incorporate them into our assessment and plan.



Leading Health Indicators (LHIs) are a small subset of high-priority Healthy People 2030 objectives selected to drive action toward improving health and well-being. Most LHIs address important factors that impact major causes of death and disease in the United States, and they help organizations, communities, and states across the nation focus their resources and efforts to improve the health and well-being of all people.
(Source: Healthy People 2030 https://health.gov/healthypeople/objectives-and-data/leading-health-indicators)

Methods for Reporting Progress

Progress on the implementation of the initiatives in the form of the CHNA Evaluation will be reported periodically at the NVRH Community Relations Committee meeting and will be included in the Community Relations Committee report to the Board of Trustees. The evaluation is also posted on nvrh.org as required by the Green Mountain Care Board.

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

Additional Information for Implementation Strategies

Community Benefits and Schedule H

The NVRH Community Health Needs Assessment informs our Implementation Plan and our community benefit spending. NVRH allocates community benefit dollars from our operating budget each year. Initiatives funded in this Implementation Plan are those that meet the IRS definition of community benefit and are reported on our 990 Schedule H. Some initiatives are funded as specific line items in the NVRH Community Health Improvement department budget; others are tracked and reported using CBISA software and often include in-kind expenses and salaries and fringes from one or more department, and indirect expenses using an indirect cost rate from the NVRH Medicare cost report. When possible a line item dollar amount is included on this Implementation Plan, otherwise "Sch H" is used to indicate that costs for this program is reported through our community benefit reporting.

Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. They are not provided for marketing purposes.

Community Benefit Includes:

- Financial Assistance
- Government-sponsored means-tested programs
- Other Community Benefit Services
- Community Health Improvement Services
- Health Professions Education
- Subsidized Health Services
- Research
- Cash and In-Kind Contributions
- Community-Building Activities
- Community Benefit Operations

Source: https://www.chausa.org/communitybenefit/what-counts

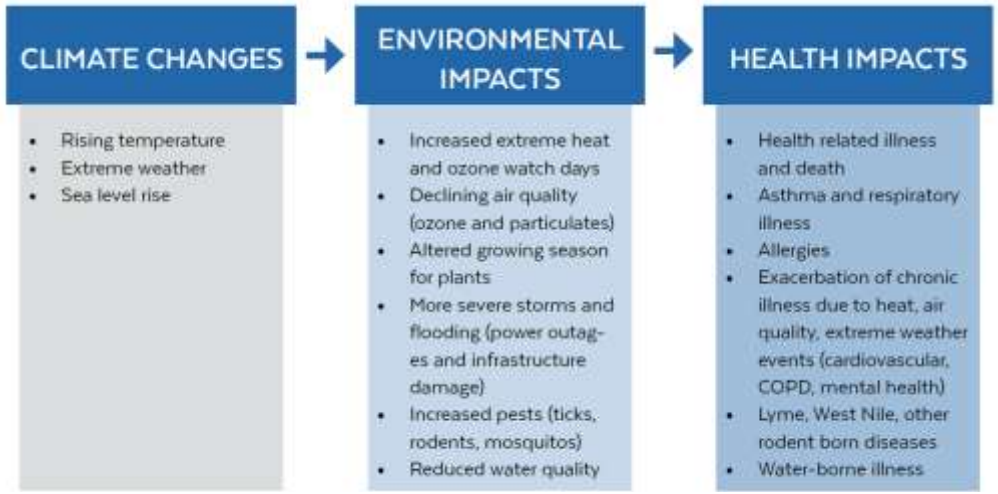
The NVRH community benefit strategy includes a community building approach that goes beyond the delivery of medical care, to improving the health and the quality of life for people in the communities we serve. Community building involves addressing the root cause of health problems such as poverty and related issues, as well as identifying and providing services and programs that directly influence health and quality of life. This can include: physical improvements and housing, economic development, community support, environmental improvements, leadership development, coalition building, community health improvement advocacy and workforce development.

NEK Prosper CANs

The NEK Prosper Collaborative Action Networks (CAN) have been allocated NVRH community benefit dollars for several years now. The CANs are groups of cross-sector practitioners and individuals who organize around one of the NEK Prosper community level outcomes, develop and implement action plans to achieve the outcome, and use continuous improvement processes to measure their impact and improve their strategies over time. Population health data, community input, and evaluation using RBA is a key component in how the CAN's choose their strategies. A copy of the request for funds from NVRH is included in the Appendix.

Climate and Health

The CDC reports that some people are more vulnerable to the effects of climate changes Climate change like rising temperatures and extreme weather events disproportionally affect people with chronic health conditions, those with weakened immune systems due to health conditions such as cancer, older adults, children and infants, pregnant women, and low-income people of all ages, those who are homeless or living in poor housing conditions, outdoor workers, racial and ethnic minorities, those socially isolated or living alone, and those with no air conditioning. (Climate and Health Technical Report Series – A Guide for Health Departments. 2015)



Source: CDC Climate and Health Technical Report Series – A Guide for Health Departments.

We have added a new icon to our Implementation Plan this year to indicate initiatives that reduce carbon emissions. If you see this symbol in the initiatives table it means the initiatives improves health by reducing transportation emissions, reducing emissions from non-transit fossil fuel emissions, or has other greenhouse gas benefits. Programs that increase access to healthy sustainable foods, promote the use of tap water, encourage active transportation (like walking and biking), and reduce or mitigate indoor air pollution (including smoking) and indoor moisture/mold are all examples of climate friendly initiatives. (Leveraging Hospital Community Benefit Activities to Address Climate Change and Environmental Risk). Vermont Governor Phil Scott included $21 million dollars for weatherization in his *Proposed Investment of American Rescue Plan Funds (April 6, 2021)* stating "weatherization offers significant non-energy benefits related to the health and comfort of building occupants". This plan specifically named hospitals and payers as partners to invest in preventive and acute health improvements through home weatherization and energy efficiency projects, paving the way for NVRH to make future investments in energy efficiency initiatives.

Baseline Population Level Indicators

Indicator	Data Source	Hospital Service Area	VT	Outcome
Primary Care Provider FTEs per 100,000 Vermonters – Physicians (MD and DO)	Healthcare Workforce Census	68	75	Physically Healthy
Mental Health professional FTEs per 100,000	Healthcare Workforce Census	198	342	Mentally Healthy
Percent of adults with a depressive disorder	BRFSS	21%	22%	Mentally Healthy
Percent of adolescents in grades 9-12 who made a suicide plan	YRBS	11%	12%	Mentally Healthy
Rate of suicide deaths per 100,000 Vermonters	Vital Statistics	23	14	Mentally Healthy
Percent of adolescents in grades 9-12 who smoke cigarettes	YRBS	17%	11%	Physically Healthy
Percent of adolescents in grades 9-12 binge drinking in the past 30 days	YRBS	16%	16%	Mentally Healthy
Percent of adolescents in grades 9-12 who used marijuana in the past 30 days	YRBS	16%	22%	Mentally Healthy
Percent of adults age 20 and older who are obese	BRFSS	31%	28%	Physically Healthy
Percent of adults age 20 and older who are overweight	BRFSS	35%	34%	Physically Healthy
Percent of adults meeting aerobic physical activity guidelines	BRFSS	52%	59%	Physically Healthy
Percent of adolescents in grades 9-12 meeting physical activity guidelines	YRBS	21%	23%	Physically Healthy
Percent of adults who do NOT eat 5 fruits & vegetables per day	BRFSS	82%	80%	Physically Healthy
Percent of adolescents in grades 9-12 who do NOT eat 5 fruits & vegetables per day	YRBS	77%	76%	Physically Healthy

1, Vermont Department of Health; http://www.healthvermont.gov/ia/CHNA/HSA/atlas.html

Indicator and Data Source			Outcome
	Caledonia	**Essex**	
Median household income (in 2019 dollars)[1] ($61,973 VT)	$50,563	$44,349	Financially Secure
Person in poverty (all)[1] • Single female head of household • 18 – 64 years of age • 65 and older	12.6% 31.0% 13.0% 5.6%	13.4% 23.7% 12.7% 10.0%	Financially Secure
Income inequality[3] (VT 4.5 - the higher the number the greater the division between the highest and lowest income in the region)	4.2	4.1	Financially Secure
Unemployment rate December 2020[2] (VT 2.8%)	2.8%	3.0%	Financially Secure
Access to healthcare[3] • Uninsured • Primary care providers • Mental health providers • Dentists	 5% 1260:1 270:1 1300:1	 6% 6250:1 2050:1 2050:1	Physically and Mentally Healthy
High school graduation rate[3] (VT 89%)	91%	87%	Financially Secure
Food environmental index[3] (VT 8.7 -measures food insecurity and access)	8.3	7.1	Well Nourished
Severe housing problems[3] (VT 17%)	15%	16%	Well Housed
Households that spend more than 30% of their income on housing[2] (VT 37%; data by health service area)	36%		Well Housed and Financially Secure
Households with a computer[1] (88.9% VT) Households with Internet broadband subscription[1] (80.2% VT)	85.7% 75.6%	80.4% 70.9%	Financially Secure
Environmental factors[3] • Air pollution – particulate matter (VT 5.4) • Drinking water violations	 5.0 No	 5.2 No	Physically Healthy

1.U.S. Census Bureau; https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/
https://www.healthvermont.gov/sites/default/files/documents/pdf/olh_profile_stjohnsbury.pdf
2.Agency of Human Services Community Profiles. http://humanservices.vermont.gov/ahs_community-profiles
3. County Health Rankings https://www.countyhealthrankings.org/

Implementation Strategies Year 1; FY2022

Strategy	Description	Outcome Area	Performance Measures	Budget
 Rides to Work	A partnership with VT Voc Rehab to provide short and long term transportation solutions to work for low income people. (Identified as a gap by the 2018 CHNA)	Financially Secure	# of people served	$5000
Financially Secure CAN	TBD	Financially Secure	TBD	$7500
 Recruit and Retain Primary Care Providers; including those in Northern Express Care	Access to comprehensive, quality health services is important for promoting and maintaining health, preventing and managing disease, reducing disability and premature death, and achieving health equity.	Physically Healthy	# of providers recruited and retained; wait times for appointments	Sch H
 Chronic Disease Self-Management Programs, including tobacco cessation	Self-management education is effective for people with chronic condition. These interventions can reduce symptoms, give people confidence to manage their condition, and improve their quality of life.	Physically Healthy Mentally Healthy	# of workshops # of participants	Sch H

Rides to Wellness	Provides short-term and urgent transportation to health services.	Physically Healthy	# of gas cards and # of RCT or taxi rides	$2000 (from the unmet needs fund)
Physically Healthy CAN	TBD	Physically Healthy	TBD	$7500
Girls on the Run	Girls on the Run is a transformational program for girls 8 – 13 years of age. This program teaches life skills through dynamic, conversation-based lessons and running games.	Physically Healthy	# of schools' # of participants	$4500
Active Transportation Initiatives	NVRH supports active transportation through participation on town committees and not-for-profit boards; provides bike helmets for kids and adults distributed at the an annual Bike for Life fair and year round by the St Johnsbury Police Department; and support of the LVRT with trail maps.	Physically Healthy	# of LVRT maps distributed # of staff participating on local Bike and Ped Committees # of community events # of bike helmets distributed	$4000
No Sugar Added water bottles	NVRH provides free water bottles to schools and the community to encourage the consumption of water	Physically Healthy	# of water bottles	$3000

	and reduce waste from disposable bottles.			
Behavioral Health in Primary Care	Behavioral Health Specialists embedded in the primary care offices provide short term counseling and behavioral change support	Mentally Healthy	# of visits	Sch H
Dr. Bob's House	Kingdom Recovery Center provides support services for those in recovery. The building is owned by NVRH.	Mentally Healthy	Client stats TBD by Kingdom Recovery Center	Sch H
Medication Assisted Treatment (MAT) in Primary Care and ED	MAT is provided as part of the Vermont's Blueprint for Health Hub and Spoke program. MAT is recognized as a very effective treatment for opioid addiction.	Mentally Healthy	# of MAT providers	Sch H
HIV and Hep C outpatient services	The Comprehensive Care Clinic is a partnership with UVM; it provides care and treatment for those with HIV and Hep C.	Mentally Healthy Physically Healthy	# of encounters	Sch H
Recovery Coaches in the ED	Modeled after the AnchorED program in R.I., on call recovery coaches from Kingdom Recovery Center are	Mentally Healthy	# of encounters	Sch H

	located in the ED to offer brief interventions and referral to treatment navigation to those presenting to the ED with substance use disorders including overdoses.			
Mentally Healthy CAN	TBD	Mentally Healthy	TBD	$7500
 Veggie Van Go	A partnership with the Vermont Foodbank. This once a month fresh produce food market is located at NVRH and staffed with volunteers from NVRH and the community.	Well Nourished	# of families served	Sch H
 HealthCare Shares	A partnership with the Vermont Youth Conservation Corps. This CSA program is marketed to people in the region who identify as food insecure.	Well Nourished	# of shares; pre and post test results	$10,800
 Summer Food Program for adolescents and children	A partnership with the Vermont Department of Education. Summer meals are provided at no cost to people 19 and younger. NVRH also provides box lunches for several summer	Well Nourished	# of meals	Sch H

	program sites in the region.			
 Community Gardens	NVRH provides free garden space to community members.	Well Nourished	# of garden spots	Sch H
Well Nourished CAN	TBD	Well Nourished	TBD	$7500
 Healthy Homes	Started as a pilot with Efficiency Vermont, the Community Connections staff provide self-management support for clients with asthma or COPD and healthy home products like HEPA vacuum cleaners, mattress and pillow covers, and air purifiers.	Well Housed Physically Healthy	# of participants	$3000
Well Housed CAN	TBD	Well Housed	TBD	$7500
 HEAT Squad Home Energy Audits	NVRH subsidizes the cost of home energy audits for moderate and low income families. NVRH covers $100 of the $150 cost.	Well Housed Physically Healthy Financially Secure	# of audits	$5000

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.

Board Members:

- Jane Arthur
- Judythe Desrochers
- Darcie McCann
- Mike Rousse, MD
- Barbara Hatch, Chair
- Lorraine Matteis
- Betsy Bailey
- Jamie Murphy

Staff:

- Betty Ann Gwatkin
- Katie Moritz
- Laural Ruggles
- Pat Forest
- Michael Rousse
- Shawn Tester
- Mandy Chapman
- Jen Layn

Community Members:

- Maurice Chaloux

NVRH Board of Trustees 2021

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Betsy Bailey
Judythe Desrochers
Warren Dow
Steve Feltus
John Goodrich
Robert Grant, MD
Barbara Hatch
Terry Hoffer
Deborah Hunt
Joe Kasprzak
John Kascenska
Lorraine Matteis
Darcie McCann
Steve McConnell
Jamie Murphy
Mary Parent
Thaddeus Richardson
Sara Simpson

NEK Prosper CAN Request for NVRH Community Benefit Funds

What are Community Benefits?
The Patent Protection and Affordable Care Act of 2010 required all not-for-profit hospitals in the US to quantify and report their benefits to the community on Schedule H of their annual IRS 990 form.

To count as community benefit - must address at least one of the following:

- Address a documented community need
- Improve access to health services
- Enhance population health
- Advance knowledge (health education)
- Demonstrate charity purpose

Cannot be for marketing purposes only

To access funds, complete and return this form via email to Laural Ruggles l.ruggles@nvrh.org **and** Mary Maurer m.maurer@nvrh.org

Name of CAN	
Name of Contact for CAN	
Contact email and phone	
Funding request amount	
Date needed	
Check payable to (include name and mailing address) W9 required for some payments; include any applicable invoices or receipts.	

Population level measures for the CAN • Indicator(s)/Measure(s) • Source of data on this measure • Current value of measure in the NVRH health service area or county	
Briefly describe how these funds will be used: • Name of initiative • Target population	
Briefly describe how the CAN decided on the project/iniatitive funded by this request: • Data or statistics • Community input/engagement	
Using RBA, what are the performance level measures applicable to this funding? **Be specific, as you are required to report these to NVRH at the end of our fiscal year (September 30).** • How much will be done? (quantity) • How well will it be done (quality) • What difference will it make (impact)	