



Community Health Needs Assessment Evaluation Year 3 Fiscal Year 23

	Our Community will be Financially Secure "Earning enough money to support yourself and your family;	
Outcome	not worrying about money."	
Population Measures	% living in poverty	
	Median household income	

How Much?		How	Well? Is Anyone		Better Off?
Action	Perfo	rmance Measure	Comn	nents	Budget
			Identified as a gap in	transportation	
			services by low-incor		
			public transportation	•	
			will work with HireA	•	
			Creative Workforce S	Solutions to find	
			short and long-term se	olutions to	
Transportation to work		erved for "Rides to	transportation to work	x for low-income	
initiatives	Work" ini		individuals.		\$0
		ent of Economic			
		Mentoring Program			
	•	I) capacity among			
	local healt	th and human service	The Financially Secur		
	_	ons in order to break	identified employee a		
		s and use a	trauma informed appr		
	-	nsive approach to	and client engagemen	•	
		oward economic	well as increasing acc	<u> </u>	
	_	vorking with	to recruit and retain y	oung people to the	
Financially Secure CAN		y members.	area.		\$7,000.00
	0	for help with	The Institute of Medi	, ,	
		used as a proxy for	Center for Medicare a		
	financial s	•	Services (CMS) recor		
	Corner M		healthcare systems in	_	
	· ·	eened, 47 Positive.	financial security in a	_	
	Kingdom		social determinants of	f health.	
Financial Security Screening		eened, 22 Positive			
in primary care	Women's	Wellness:			In Kind – Sch H

471 Screened, 14 Positive	

^{*}Included in the Community Health Improvement operations budget

Outcome	"Mainta	uining physical health	be Physically Health and well-being throug I medical care."		
Population Measures		adults meeting physic	• •		
			physical activity guidel		
		· ·	TE per 100,000 Vermo	onters	
		adults over 20 who ar	•		
	• %	adults over 20 who ar			
How Much?	T 20 0		Well?		nyone Better Off?
Action		rmance Measure	Comn	nents	Budget
		ent: 1 NP Corner			
		2 Physicians and			
		t, Johnsbury ; 1 RN and 1			
		o Women's Wellness			
	Wildwife	o women's weimess			
	Third Av	ailable			
		nent: KIM: New pt –			
		Follow-up/acute – 4			
	_	ner Medical: New –			
	30 days, F	Follow-up/acute – 5	Access to comprehen	sive, quality hea	ılth
	•	men's Wellness: New	care services is impor		
	-	ys, follow-up/acute –	and maintaining healt		
	•	. Johnsbury	managing disease, red	•	ary
Recruit and retain primary		: New – 11 days,	disability and premate		
care providers	follow-up	/acute – 8 days	achieving health equi	ty.	In kind – Sch H

	7 Workshops completed (listed		
	below) with 34 participants:		
	below) with 34 participants.		
	Diabetes Prevention		
	Program		
	• Diabetes Self-		
	Management		
	• Chronic Disease Self-	Self-management education is effective	
	Management	for people with chronic conditions,	
	 High Blood Pressure 	including arthritis, diabetes, heart	
	Management (Health	disease, and lung disease. These	
	Coaching for Hypertension	interventions can reduce symptoms, give	
	Control)	patients the confidence to manage their	
Chronic Disease Self-	• Quit Smoking Groups	condition, and improve their quality of	
Management Programs	(Freshstart)	life.	In kind – Sch H
	,	NVRH had proposed to start the first in	
		the state Community Paramedic	
		Program. The goals of the program are	
		to improve the quality of life for patients	
		discharged from the hospital and the ED,	
Community Paramedic		and make EMS a member of the care	
Program	NOT HAPPENING	transitions team.	In kind – Sch H
Rides to Wellness;	THE THE PERSON	transitions toain.	III KIIIG Dell II
transportation program to		Community Connections screens clients	
medical appointments and		for transportation needs; creates action	
other essential trips e.g.		plans with clients to plan for future	
shopping, social service		needs; provides short term solutions such	\$360.00 (donor-
appointments	20 people served	as gas cards or taxi rides.	supported)
ирропиноны	Energize 365 was a focus of	as gas varus of mainines.	варропса)
	the Physically Healthy CAN	Energize 365 is a community wide	
Energize 365; community	and has provided consistent	campaign to promote physical activity. It	
wide campaign to promote	community messaging and	is a strategy of the Physically Healthy	
physical activity	, ,		\$2.760.00
physical activity	physical activity opportunities,	CAN of NEK Prosper!	\$3,769.00

	including pop-ups in the park		
	and other advertising monthly		
	in the local paper during the		
	period. Pop-ups in the Park:		
	28 classes offered across 3		
	communities.		
		Girls on the Run is a transformational	
		learning program for 8 to 13 year-old	
		girls. The program teaches life skills	
	2 schools supported: Danville	through dynamic, conversation-based	
Girls on the Run	and St. Johnsbury Programs	lessons and running games.	\$3,000.00
on is on the Run	and St. Johnsbury 1 Tograms	NVRH provides bike helmets for kids	ψ3,000.00
		and adults. Helmets are distributed year	
		round through the St. Johnsbury Police	
		Department, at local schools, and at St.	
Bike Helmets	120 individuals served	Johnsbury Pediatrics	\$1,575.65
DIKE Heimets	1,875 water bottles distributed	NVRH provides water bottles to the	\$1,373.03
	to local students and support	community, including schools, as part of	
		the No Sugar Added Campaign to reduce	
	provided to Caledonia County		
No Cygon Added weter bettles	Flood Soccer program to	consumption of sugary drinks and reduce	\$6,354.24
No Sugar Added water bottles	promote No Sugar Added	obesity.	\$0,334.24
	Self-Management Programs		
	are being offered in the service		
	area, including Diabetes		
	Prevention Program and		
	Chronic Disease Self-		
	Management, in collaboration	NVRH has 2 Certified Diabetes	
	_		
	with MyHealthyVT. NVRH	Education and Support Specialists who	
Diabetes Self-Management Services Outpatient	_	Education and Support Specialists who provide diabetes education in a variety of outpatient settings.	In Kind - Sch H

^{*}Included in the Community Health Improvement operations budget

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

Outcome	pote	ng well with the norma ntial; making a contr	ibution to your commi	ning your	
Population Measures		adults with a depressi			
		adolescents (grades 9		cide plan	
		Rate of suicide deaths po			
		of adolescents who sr	_		
		of adolescents who us	•	•	
	• %	of adolescents who bi	<u> </u>		
How Much?			Well?		one Better Off?
Action		rmance Measure	Comr	<u>nents</u>	Annual Budget
35 31 31 51 35		ds of medication			
Medication Disposal Drop		aired and properly	NVRH provides a medication drop box		
Box Harm Reduction	disposed	of during FY23.	to the public 24/7.	1. 11	In kind-Sch H
	D -1!	-1 II141- C 1 - 4	NVRH primary care		
Dalandara I II and Laborator Constitution	Behavioral Health Specialist encounters all medical homes:		employ behavioral he		
Behavioral Health Specialists	1,839		meet short term coun	•	In kind-Sch H
in primary care	1,037		behavioral change su NVRH provides a tra		III KIIIQ-SCII H
			program designed to		
			skills to help someon	C 1 1	nσ
			a mental health probl	•	C .
	1 NVRH	employee certified to	a mental health crisis		-6
		th Mental Health	behind the program d		it
I	First Aid;	1 NVRH employee	does build mental hea		
		to teach Adult Mental	the public identify, un	3 · 1	
Mental Health First Aid	Health Fin	rst Aid.	respond to signs of m		In kind-Sch H
			The Kingdom Recov	ery Center resides	in
			the NVRH owned Dr		
Dr. Bob's House	In-kind re	ent and utilities	Summer St. in St. Jol	nnsbury.	\$13,239.74

	NVRH no longer employs a	NVRH formerly employed a part-time	
	psychiatrist, requiring a pivot	psychiatrist to provide consulting	
	to telehealth access with	services to area medical providers.	
	Alpine Telehealth for		
	Psychiatric Services both at		
	Corner Medical and Kingdom		
	Internal Medicine. Combined,		
	Alpine Telehealth and the		
	Psychiatric Nurse Practitioner		
	provided 365 patients visits via		
Psychiatrist services	telehealth during FY23.		In kind – Sch H
	Reduced due to COVID; grant	NVRH employs three Community Health	
	funding ended 12/31/19	Workers in the Community Connections	
		program.	
	NVRH has not consistently		
	had a CHW embedded in the		
	school, but has re-engaged and		
	will continue to support the		
	school, including participation		
	in care team meetings and		
	receiving referrals.		
Community Health Workers	Overall, NVRH Community		
(CHW) in the St. Johnsbury	Connections CHWs had 3,124		
Schools	visits in FY 23.		In kind – Sch H
	NVRH held a series of	NVRH administers grant funding,	
	trainings with Outright VT,	including the Prevention Center for	
Substance Use Disorder	school-based engagement,	Excellence (now the Vermont Prevention	
Prevention: medication lock	vaping presentations, drug	Lead Organization) and Tobacco	
boxes; evidenced-based after	recognition trainings, and	Prevention grants for the State of	
school program for	continues to provide	Vermont in our region, as well as a	
Cornerstone School; incentives	medication lock bags for the	federal Drug-Free Communities Support	Grant-funded work:
for participation e.g. food	region.	Program grant. We will financially	\$390,000

		support complimentary and supplemental	
		programing for prevention.	
		Vermont's Hub and Spoke initiative	
		focuses specifically on enhancing the	
		provision of Medication Assisted	
		Treatment (MAT) for individuals with	
		opioid addiction. MAT, in combination	
		with counseling, is recognized as the	
		most effective treatment for opioid	
		addiction. Primary care offices are	
		considered Spokes because they	
		prescribe buprenorphine (Hubs dispense	
		methadone).	
		*Effective in 2023, providers are no	
	3 waivered* prescribers in	longer required to obtain a DATA-waiver	
	NVRH Primary Care, 10	to prescribe MAT medications. All	
Hub and Spoke medication	unique patients receiving	providers who have a DEA number can	
assisted treatment (MAT) for	MAT, and 21 prescribers	now prescribe MAT to patients who have	
opioid use disorder	within the HSA.	opioid use disorder.	In kind – Sch H
	NVRH has been working with		
	Northeast Kingdom Human	NVRH will work with community	
	Services to develop	partners to respond to the number of high	
	workflows, including EMR	utilizers in the Emergency Department	
	access, to document crisis	for mental health reasons. This program	
	assessments. NVRH will	seeks to maintain appropriate level of	
	continue to evolve workflows	medical screening for medical causes or	
	to integrate mobile crisis and	comorbidities to mental health concerns,	
	care pathways to ensure	while quickly wrapping mental health	
	effective transitions of care	responses around a patient with mental	
	and follow-up, screening for	health concerns. An important	
	mental health needs and	component is follow up care, essential to	
Embedded Mental Health in	suicidality, and protocols to	reduce readmission to the ED, thereby	
ED	ensure patient safety and	reduce ED utilization costs, and improve	In Kind – Sch H

	referral to appropriate	the quality of community-based mental	
	treatment and supports.	health care.	
	11	The NVRH Comprehensive Care Clinic	
!		provides care and treatment for HIV and	
Comprehensive Care Clinic;		Hep C; Vermont Cares runs the free	
and VT Cares Harm	19 billable encounters in	needle exchange and is provided space	
Reduction	Comprehensive Care Clinic	rent free.	In Kind – Sch H
Recovery Coaches in the ED	59 people 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
·	Engaged with contractor to create marketing and antistigma communication campaign in regarding to mental health. Engaged outreach strategies to normalize mental health,	The Mentally Healthy CAN has	III KIIIU – SCII FI
•		1	\$7,365.29
Mentally Healthy CAN initiatives	create marketing and antistigma communication campaign in regarding to mental health. Engaged outreach strategies to	The Mentally Healthy CAN has identified suicide prevention, especially among youth as a priority.	\$7,365.29

^{*}Included in the Community Health Improvement operations budget

Outcome	Our Community will be Well Nourished "Eating enough healthy food."
Population Measures	% 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 earing 2 or more servings of fruit daily
% adults with diabetes

How Much?	How		Well?	Is Anyone	Better Off?
Action	Perfo	rmance Measure	Comments		Budget
			Veggie Van Go is a p	artnership 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.		
Veggie Van Go mobile			NVRH provides the s	pace and volunteers	
produce market	4,803 fam	ilies served	to run the market.		In kind – Sch H
	30 familie	s received Health			
Health Care Shares CSA for	Care Shares for 12 weeks each,		Health Care Shares is a partnership with		
food insecure patients	totaling 10	05 people served.	the Vermont Youth Conservation Corp.		\$10,800.00
			This program is a par	tnership with the	
	NVRH die	d not provide	Vermont Department	of Education and	
	summer m	neals in FY23, but	Hunger Free Vermon	t. Summer meals	
	continues	to support older	are served at no-cost	in the NVRH	
Summer Food Service	adults with	h Blizzard Bags	cafeteria. NVRH also	o provides box	
Program for adolescents and	_	winter months-	lunches at several program sites in the		In Kind – Sch H
children	\$5,386.43	and staff/operations	NEK.		(\$5,386.43)
	_	spots provided to	NVRH provides free		
Community Gardens	local resid	lents	community members	•	In kind – Sch H
	St. Johns	bury Pediatrics:			
	3,121 Scre	eened, 171 positive			
	Corner M	Iedical: 3,561	The Institute of Medi	cine (IOM) and the	
		109 positive	Center for Medicare a		
	_	Internal: 1,309	Services (CMS) recor		
Hunger Vital Sign; screening		66 positive	healthcare systems in	_	
for food insecurity in primary	Women's	Wellness: 484	financial security in a	screening tool for	
care	Screened,	42 positive	social determinants of	f health.	In kind – Sch H

	Partnered with White Market		
	to support healthy food		
	initiative- provided Food Hero		
	recipe cards at White Market		
	with accompanying signage,		
	etc. Also engaged contractor to		
	develop local capacity to		
	deliver innovative, sustainable,		
	and equitable healthy food		
	access programs and services	The Well-Nourished CAN is developing	
	to create a more well-	small scale place-based strategies to	
Well-Nourished CAN	nourished NEK.	increase consumption of healthy food.	\$1,200.00

^{*}Included in the Community Health Improvement operations budget

Outcome	co	Our Community will be Well Housed "Living in affordable and safe homes located in healthy communities with opportunities for positive social interactions."				
Population Measures		Troubenoids that spend 30% of more of their meonic on				
	ho	housing				
How Much?	How Well?		Is A	Is Anyone Better Off?		
Action	Perfor	rmance Measure	Comments		Budget	
Laundry for the Warming			NVRH provides laun	dry service to	the	
Shelter	On hold		Warming Shelter at n	o cost		In kind – Sch H
	Program h	as been challenged				
	with identifying eligible		Healthy Homes started as a partnership			
Healthy Homes initiative for	patients for Weatherization +		with Efficiency Vermont. Community			
people with COPD and	Health Initiative focused on		Health Workers provide disease self-		lf-	
Asthma	pediatric a	ısthma.	management support	and healthy h	ome	N/A

		products like HEPA vacuum cleaners,	
		mattress and pillow covers, air purifiers	
		The Governor's Opioid Coordination	
		Council (2018) identified "expand	
		recovery housing" as a priority; the Well	
		Housed CAN of NEK Prosper! have also	
	identified housing for those in recovery		
	Due to collaborative efforts,	as a strategy. Additionally, housing	
	recovery housing for mothers	challenges, such as the shortage of	
	is serving the community.	housing stock, continue to create	
Well Housed - Recovery	Other efforts included a bed	challenging conditions to impact this	
Housing	bug prevention pilot initiative.	outcome area.	N/A
	Corner Medical: 4,062	The Institute of Medicine (IOM) and the	
	Screened, 77 positive	Center for Medicare and Medicaid	
	Kingdom Internal Medicine:	Services (CMS) recommend all	
	1,242 screened, 63 screened	healthcare systems include screening for	
Housing Security Screening	Women's Wellness: 500	financial security in a screening tool for	
in primary care	Screened, 17 positive	social determinants of health.	In Kind – Sch H

^{*}Included in the Community Health Improvement operations budget