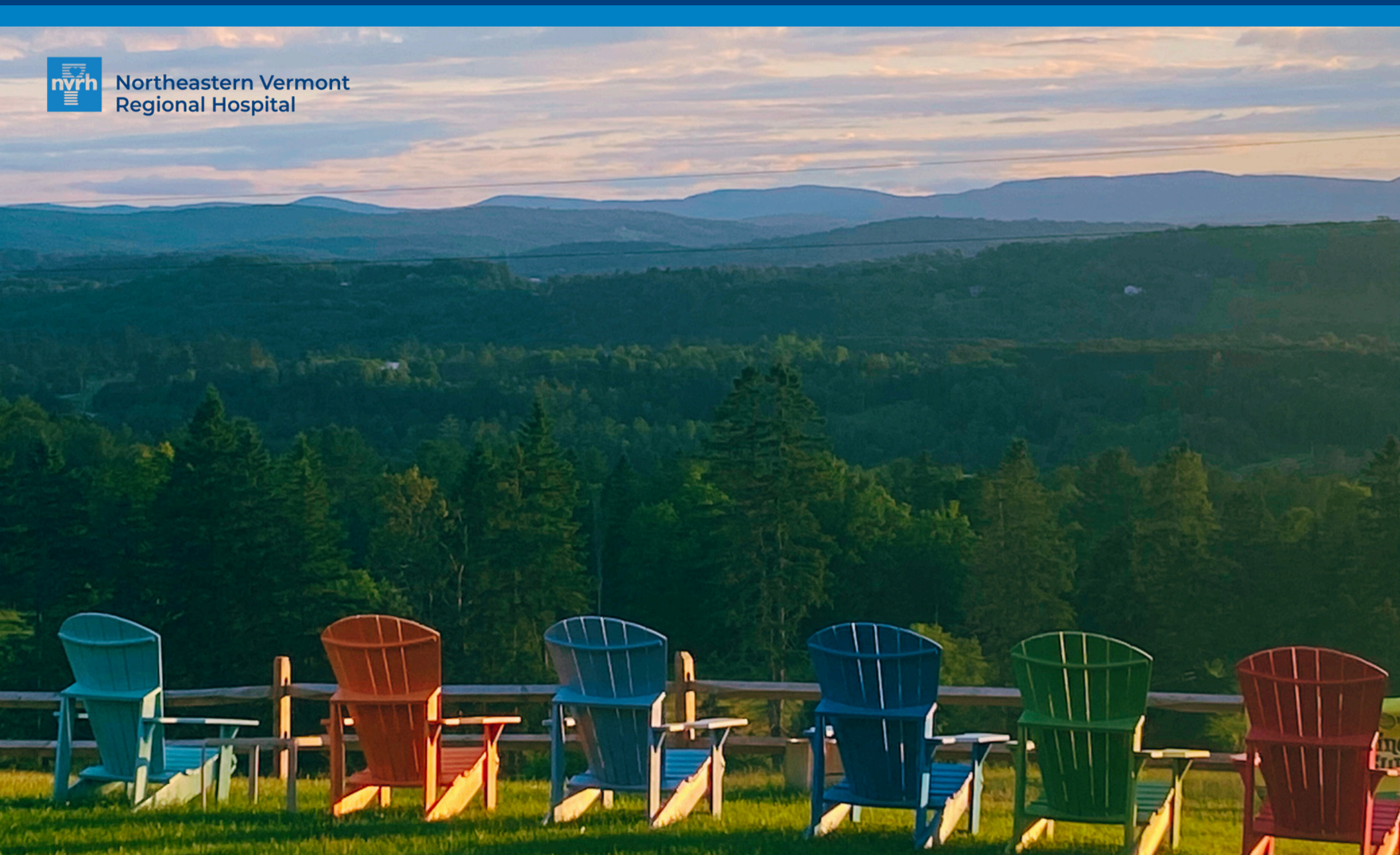


COMMUNITY HEALTH NEEDS ASSESSMENT

2024 Implementation Plan
Evaluation Year FY2025



Northeastern Vermont
Regional Hospital



Committed to improving the health and wellbeing of ALL

Table of Contents

Introduction	2
Community Health Needs Assessment Key Findings	3
Health Equity	4
Priority Criteria	5
Process and Decision Makers	5
Measurable Objectives and Rationale for Objectives	6
Methods for Reporting Progress	7
Implementation Strategies - Years 1-3 (Fiscal Years 2025-2027)	8
Appendix	24
NVRH Board of Trustees Member List	
NEK Coordinated Community Health Needs Assessment Steering Committee Members	
NEK Prosper! CAN Request for NVRH Community Benefit Funds	

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This plan was adopted by the NVRH Board of Trustees on January 29, 2025.

Safety
Empathy
Respect
Vision
Integrity
Community
Excellence



VISION: Providing exceptional care in an environment where our patients, community, and employees thrive.

MISSION: Committed to improving the health and wellbeing of ALL.

We're putting the gears in motion

NVRH adopted new Mission, Vision, and Values statements in fall 2023.

Introduction

Northeastern Vermont Regional Hospital (NVRH) conducted a Community Health Needs Assessment (CHNA) in fiscal year 2024. This Implementation Plan is a companion piece to the needs assessment report, serving the period from 2024-2027. 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 primary service area encompasses Caledonia and Southern Essex Counties. The primary service area for NVRH is over 30,000 people. The Vermont Department of Health defines the service area as these towns and their villages in Caledonia and Southern Essex Counties in northeastern Vermont: Barnet, Burke town, Concord town, Danville

town, East Haven, Guildhall, Granby, Kirby, Lunenburg, Lyndon town, Maidstone, Newark, Sheffield, St. Johnsbury town, Sutton, Victory, Walden, Waterford town, Wheelock. The major population centers are St. Johnsbury, Lyndon, and Danville. All other towns have less than 2000 people. Residents of other surrounding towns including Peacham, Gilman, Ryegate, Glover, Barton, and several others consider NVRH their community hospital.

Collaborative Process and Timeline

The Northeast Kingdom Coordinated CHNA Steering Committee formed in January 2024 and led this inaugural CHNA approach (*see Appendix for Steering Committee member list*). The participating member organizations include NVRH, North Country Hospital, Northeast Kingdom Human Services, Northern Counties Health Care, Northeast Kingdom Community Action, Northeast Kingdom Council on Aging, and the Vermont Department of Health. Between February and May, extensive secondary data analysis occurred. Primary data collection approaches were developed and implemented between April and August. Final data analysis and development of the HSA-level report occurred between August and September 2024. The NVRH Board of Trustees adopted the St. Johnsbury Health Service Area CHNA report on September 25, 2024. NVRH made this report publicly available following Board adoption.

Community Health Needs Assessment Key Findings

Key findings for this 2024-2027 CHNA cycle are integrated into this report by priority area, with an emphasis on the most significant needs as evidenced by both primary data, including the community survey and focus groups, and secondary data sources. The CHNA community survey examined the following areas: community health and social needs, personal health, health and dental care, support service needs, and demographics. Focus groups were designed to enhance understanding related to the survey findings. This approach is intended to offer a meaningful understanding of health needs both from the community perspective as well as state and national surveillance and health data.

St. Johnsbury Health Service Area Health Priorities

Health Need Priority 1: Mental Health and Substance Use

- Access to services
- Workforce shortages

Health Need Priority 2: Access to Care and Affordability

- Mental Health access
- Dental care access
- Understanding insurance and affordability
- Transportation

Health Need Priority 3: Chronic Disease Prevention and Management

- Behavioral risk factors
- Disease prevalence

Health Need Priority 4: Social Determinants of Health

- Access to healthy and affordable food
- Housing
- Cost of living
- Awareness of resources and greater collaboration

Health Equity

The complex interplay among societal, economic, and environmental factors affects health outcomes to a greater extent than clinical healthcare delivery, influencing fair and just opportunities for health in our communities. We know not everyone has equal access to the circumstances, environment, or factors that promote and sustain health. There are conditions, or characteristics, that affect a person's ability to lead a healthy life and result in unequal health outcomes, creating health disparities. The 2024 Vermont State Health Improvement Plan identified key populations regarding equity, including older Vermonters, people who identify as LGBTQ+, people of color, people living with disabilities, people who are unhoused, and Indigenous people. Further, the State assessment indicated clear disparities experienced by each priority population, as well as underrepresentation in national survey data that contributes to lack of understanding of social, cultural, and health needs¹.

As compared to Vermont state-wide estimates, a greater proportion of NEK residents are people with a disability, lower median household and individual incomes, live in a rural setting, insured through Medicaid, fewer per capita healthcare professionals (including primary care physicians, mental healthcare, and dentists), use safety net programs, fewer physical activity opportunities, and less civic participation.

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 2024 validated the objectives of NEK Prosper!, the Accountable Health Community serving Caledonia and Southern Essex Counties, 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.

¹ State Health Improvement Plan 2024: https://www.healthvermont.gov/sites/default/files/document/SHA-Community-Engagement-Report-Climate%20Change_0.pdf

Priority 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.

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 and wellbeing of all in the communities we serve.

NVRH has a long-standing commitment to holistic approaches to wellness, recognizing the critical integration of social care into healthcare. Research tells us that healthcare alone plays a surprisingly small role in overall health – estimated around 20%. Social determinants of health, like income, education, affordable housing, and access to healthy food, coupled with access to medical care and mental health services all play a role. As a hospital, we cannot do this alone.

The leading criterion for priority setting for our work is the ability to collaborate with our community partners and capitalize on our many community resources and assets. As illustrated in prior CHNAs, 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

Further, priority selection includes areas where the region is worse than the benchmark measure, identified by the community, feasible to address, and will impact health disparities.

Process and Decision Makers

NVRH's Board of Trustees, Community Relations Committee, and Corporators were apprised of the process for the Community Health Needs Assessment throughout fiscal year 2024 (October 1, 2023 – September 30, 2024), and given an overview of the process in March 2024 and a presentation of the health priorities and findings in September 2024. The Board of Trustees adopted the CHNA report on September 25, 2024 and adopted the CHNA Implementation Plan on January 29, 2025. The Board of Trustee members are listed in the Appendix.

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:

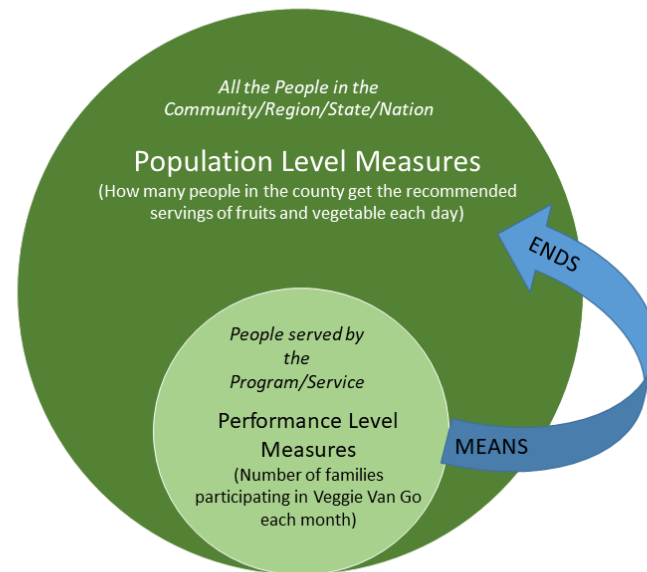
- How much are we doing?
- How well are we doing it?
- Is anyone better off?

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

2 Levels of Accountability

Population Level = the Result or Condition of Well-being

Performance Level = How Well the Program or Service is Doing



Adapted from Clear Impact graphics of RBA

Methods for Reporting Progress

Progress on the implementation of the initiatives in the form of the CHNA Evaluation will be conducted annually and made publicly available to NVRH leaders, the State of Vermont, and our community. The evaluation is also posted on the NVRH website at <https://nvrh.org/community-health-needs-assessment/>, as required by the Green Mountain Care Board.

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, salaries and fringes from one or more departments, 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.

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! Collaborative Action Networks

The NEK Prosper! Collaborative Action Networks (CANs) 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 Results-Based Accountability is a key component in how the CANs choose their strategies. A copy of the request for funds from NVRH is included in the Appendix.

Community Benefits are programs and services designed to improve health in communities and increase access to health care 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>

Implementation Strategies - Years 1-3 (Fiscal Years 2025-2027)

Health Priority Need 1:	Mental Health and Substance Use					
Priority Areas:	<ul style="list-style-type: none"> • Access to services • Workforce shortages 					
Population Measures <i>“Is anyone better off?”</i>	<ul style="list-style-type: none"> • Rate of suicide deaths per 100,000 • % adults with a depressive disorder • % of adults with poor mental health days • % adolescents (grades 9 – 12) who: <ul style="list-style-type: none"> ○ made a suicide plan ○ felt like they matter to people in their community ○ felt hopeless or sad • % of adolescents in grades 9-12 who: <ul style="list-style-type: none"> ○ misused any prescription medication in the past 30 days ○ used electronic vapor products (EVP) in the past 30 days ○ used marijuana in the last 30 days ○ binge drank in the last 30 days 					
	Performance Measure: <i>“How much? How well?”</i>	Annual Evaluation Update (fiscal year)			Collaboration Strategy	Resource Allocation/Budget*
Action		2025	2026	2027		
Behavioral Health Specialists in primary care	# Behavioral Health Specialist (BHS) encounters at all primary care practices	2,259 BHS encounters			NVRH primary care Patient-Centered Medical Homes employ behavioral health specialists to meet short-term counseling and behavioral change support	In-kind - Sch H
Medication Disposal Drop Box Harm Reduction	Volume of items in drop box	Due to construction, the collection unit is not currently in use.			NVRH provides a medication drop box to the public 24/7	In-kind - Sch H

Syringe Disposal Drop Box Harm Reduction	Volume of items in drop box	NVRH collected approximately 63 pounds of syringe waste at a cost of \$1,500 for disposal.			NVRH provides a syringe disposal drop box to the public 24/7	In-kind - Sch H
Community Health Workers in the St. Johnsbury School	# of hours CHW embedded	264.5 hours both embedded and partnering with the school on reducing absenteeism.			NVRH employs a Community Health Workers in the Community Connections program who is embedded within the St. Johnsbury School (pre K-8) to work as a team with school staff to address family needs centered on absenteeism.	In-kind - Sch H; Grant-funded
Substance Misuse Prevention: medication lock bags and harm reduction bags	# of medication lock bags distributed # of harm reduction bags distributed	75 medication lock bags 161 harm reduction bags			NVRH administers the Vermont Prevention Lead Organization contract and the Drug-Free Communities Support Program grant in our region. We will financially support complimentary and supplemental programming for prevention.	Supplies and staffing: Grant-funded
Hub and Spoke Medication Assisted Treatment (MAT) for opioid use disorder	# of providers prescribing MAT # of patients receiving MAT	4 prescribers in NVRH Primary Care 12 patients receiving MAT			Vermont's Hub and Spoke initiative focuses specifically on enhancing the provision of MAT for individuals with opioid use disorder. Primary care offices are considered Spokes because they prescribe buprenorphine whereas Hubs	In kind – Sch H

					dispense methadone. NVRH will maintain providers who prescribe MAT.	
Telehealth Psychiatry Services	Value of invoices paid # patients engaged in telepsych services	Primary Care: Alpine Telehealth: \$173,170.08 180 patients engaged Emergency Department/ Inpatient: Array TelePsych: \$76,269.30 78 patients engaged			NVRH will continue to expand psychiatry capacity by leveraging telehealth access to meet the community's immediate needs in the ED and primary care.	Budgeted – NVRH Operational Expense; Equipment
Comprehensive Care Clinic; and VT Cares Harm Reduction	# of individuals served	20 individuals served			The NVRH Comprehensive Care Clinic provides care and treatment for HIV and Hepatitis C; Vermont Cares runs the free needle exchange and is provided space rent free.	In-kind – Sch H
Recovery Coaches in the ED	# of encounters Value of pager invoices	98 encounters (62 unique individuals) \$409.80			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
Dr. Bob's House	Value of invoices paid	\$12,018.15			The Kingdom Recovery Center resides in the NVRH owned Dr.	In-kind – Sch H

					Bob's House on Summer St. in St. Johnsbury. Costs include general repairs, fuel oil, building supplies, and water and sewer.	
Mobile Crisis Services in the ED	# of encounters Memorandum of Understanding established and renewed annually	337 patient encounters MOU executed 9/4/2025			NVRH will partner with Northeast Kingdom Human Services, the designated agency, to engage mobile crisis services for appropriate mental health assessment and connection to services. An important component is follow up care, essential to reduce readmission to the ED, thereby reduce ED utilization costs, and improve the quality of community-based mental health care.	In-kind – Sch H
Embed Community Health Worker in the ED	# of patients engaged # of CHW hours worked annually	This effort remains in progress, however, CHWs from Community Connections remain a consistent referral resource to support patients presenting in			NVRH will explore funding opportunities to embed a CHW in the ED to support patients with transitions of care, social care needs, and service navigation.	In-Kind – Sch H Grant funding

		the ED for all needs noted.				
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***Budgeted** = Included in the Community Health Improvement operations budget (unless otherwise indicated)

In-kind - 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.

Health Priority Need 2:	Access to Care and Affordability					
Priority Areas:	<ul style="list-style-type: none"> • Mental health access • Dental care access • Understanding insurance and affordability • Transportation 					
Population Measures <i>“Is anyone better off?”</i>	<ul style="list-style-type: none"> • Reduction in unemployment rate • Increased NVRH Portal enrollment and utilization • Identified opportunities to improve dental care access 					
Action	Performance Measure: <i>“How much? How well?”</i>	Annual Evaluation Update (fiscal year)			Collaboration Strategy	Resource Allocation/ Budget*
		2025	2026	2027		
Rides to Wellness; transportation program to medical appointments and other essential trips e.g. shopping, social service appointments	# of individuals supported Value of invoices paid	33 \$1,352.26			Community Connections screens individuals for transportation needs; creates action plans with individuals to plan for future needs; provides short-term solutions such as gas cards or taxi rides.	Community Unmet Needs Fund; Budgeted

Community Education	# of sessions offered # of individuals in attendance # of staff hours	1 event 155 20 staff hours (value- \$1,229.54) Additionally, NVRH offers education through bi-weekly radio interviews and PSAs.			NVRH has recognized the need for ongoing community education, including topics covering insurance and enrollment, advanced directives, NVRH Portal enrollment and navigation support, among other topics. NVRH will collaborate with experts and area partners, as needed, to plan and coordinate community education events.	In-kind - Sch H
Explore dental care access with community partners	# of meetings # of partners engaged	2 meetings 15 partners engaged			NVRH will leverage the NEK Prosper! Network to try to identify dental care access solutions, relying on Northern Counties Health Care's expertise and services to inform the opportunities.	In-kind - Sch H

*Budgeted = Included in the Community Health Improvement operations budget (unless otherwise indicated)

In-kind - 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.

Health Priority Need 3:	Chronic Disease Prevention and Management
Priority Areas:	<ul style="list-style-type: none"> ● Behavioral risk factors ● Disease prevalence
Population Measures	<ul style="list-style-type: none"> ● % of adults with poor physical health ● % adults over 20 who are overweight

<p><i>“Is anyone better off?”</i></p>	<ul style="list-style-type: none"> • % adults over 20 who are obese • % of adults with no leisure time physical activity • % of adults with fair or poor health • % of adults with cardiovascular disease • % of adults with hypertension • % of adults with diabetes • % of adults ever diagnosed with cancer • % adults with poor sleep • % of adults who currently smoke cigarettes 					
Action	Performance Measure: <i>“How much? How well?”</i>	Annual Evaluation Update (fiscal year)			Collaboration Strategy	Resource Allocation/ Budget*
		2025	2026	2027		
<p>Health Care Shares CSA for food insecure patients with a chronic illness</p>	<p># of families served Value of invoices paid</p>	<p>30 families served \$12,240.00</p>			<p>Health Care Shares is a partnership with the Vermont Youth Conservation Corps that aims to provide healthy food and recipes for patients with chronic illnesses. The program encourages cooking from scratch as a means of self-managing illnesses.</p>	<p>In-kind - Sch H</p>
<p>Girls on the Run and other school-based programs to support physical activity, confidence and leadership development</p>	<p>Value of invoices paid</p>	<p>\$2,500.00</p>			<p>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.</p>	<p>In-kind - Sch H</p>
<p>Bike Helmets</p>	<p># of individuals served</p>	<p>71 bike helmets distributed</p>			<p>NVRH provides bike helmets for children. Helmets are distributed year-round through the St. Johnsbury Police</p>	<p>In-kind - Sch H; Budgeted</p>

					Department, at the annual bike fair, and at St. Johnsbury Pediatrics.	
No Sugar Added water bottles	# of individuals served	1,875 bottles distributed to summer programming, Kingdom East School District, and the St. Johnsbury School			NVRH provides water bottles to the community, including schools as part of the No Sugar Added Campaign to reduce consumption of sugary drinks and reduce obesity.	In-kind - Sch H; Budgeted
Recruit and retain primary care providers	# of providers recruited Third next available appointment for routine and urgent visits to illustrate access for: <ul style="list-style-type: none"> • Corner Medical (CM) • Kingdom Internal Medicine (KIM) • St. Johnsbury Pediatrics (SJP) • NVRH OB/GYN and Midwifery (NVRH OB/GYN) 	1 provider recruited to KIM 1 per diem provider for NVRH OB/GYN Third available appointment: (Sept 2025) CM: <ul style="list-style-type: none"> • New/Extended-0 days • Follow up/Acute-0 days KIM: <ul style="list-style-type: none"> • New/Extended-5 days 			Access to comprehensive, quality healthcare 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

		<ul style="list-style-type: none"> Follow-up/Acute-5 days <p>SJP:</p> <ul style="list-style-type: none"> New/Extended-26 days Follow-up/acute-17 days Newborn-17 days <p>NVRH OB/GYN</p> <ul style="list-style-type: none"> New/extended-11 days Follow-up/acute-7 days 				
Self-Management Programs evidence-based programming	# of patients referred Outreach materials distributed (rack cards, posters, social media posts, website)	NVRH no longer tracks self-management referrals. Outreach is the focus working with the program staff to conduct outreach, including patient letters and			NVRH conducts targeted and broad outreach for, and facilitates referrals to, the MyHealthyVT self-management programs offered in the service area, virtually, and across the state. Workshops include diabetes prevention, diabetes management, high blood pressure management, quit smoking, chronic disease management, and chronic pain management.	In-kind – Sch H

		engagement, material distribution, flyers to promote workshops, rack cards, large posters in practices, provider education, and sharing through listserves.				
Diabetes and Nutrition Education	# of events # of people in attendance # hours of staff time	1 event 8 attendees 1.75 hours (value- \$92.82)			NVRH has two Certified Diabetes Care and Education Specialist (CDCES) staff who provide education and support to our community, as requested, free of charge in variety of settings.	In kind – Sch H; Staffing
Healthy Hearts Support Group	# of offerings # of people in attendance # hours of staff time	<i>Started in Feb. 2025</i> 8 offerings 6-10 on average per meeting 16 hours (value- \$832.00)			NVRH staff will provide a monthly support group to include education by subject matter experts from NVRH and partner organizations, peer support, and light, heart-healthy refreshments to participants. This support group aims to increase knowledge and skills for disease management while expanding opportunities for support.	In kind – Sch H; Staffing

Educational Fairs	# of events offered # of participants # of vendors and/or presenters	2 events Approximately 100 37 vendors			NVRH will offer two annual educational offerings including the Heart Health Fair and the End-of-Life Resource and Education Fair. These fairs will be offered in collaboration with local partners to impart education and connections to resources to support well-being, quality of life, and ensuring preparedness for life events.	In-kind – Sch H
Community Health Fund grants	# of grants awarded Total funding awarded	5 grants \$15,000 awarded			NVRH will continue to provide grant funding opportunities within the local community. Community Health Fund award emphasize upstream opportunities to promote health and prevent or reduce disease onset.	In-kind – Sch H; donor support; staffing for mgmt.

Budgeted = Included in the Community Health Improvement operations budget (unless otherwise indicated)

In-kind - 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.

Health Priority Need 4:	Social Determinants of Health					
Priority Areas:	<ul style="list-style-type: none"> • Access to healthy and affordable food • Housing • Cost of living • Awareness of resources and greater collaboration 					
Population Measures <i>"Is anyone better off?"</i>	<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 • Increased access to healthcare and social care resources • Awareness of NVRH services and programs 					
	Performance Measure: <i>"How much? How well?"</i>	Annual Evaluation Update (fiscal year)				Resource Allocation/Budget*
Action		2025	2026	2027	Collaboration/Strategy	
Team Based Care training	# of trainings offered # of individuals trained # of trainers	0 trainings offered due to engagement with the Vermont Team Based Care (VTBC) statewide initiative. The team supported the VTBC curriculum as part of the state working group. Two trainings locally were scheduled, but neither filled to minimum capacity and were canceled. Ongoing orientation trainings were offered to new direct services staff to our community one-on-one as needed.			NVRH serves as a leader for facilitating and supporting initiatives that strengthen the local healthcare delivery system. NVRH has developed Team Based Care trainings, both a basic and leadership-level, providing critical education to direct service staff and leaders to ensure coordinated systems for complex care management. NVRH will continue to evolve Team Based Care, trainings, and collaborative opportunities to enhance regional systems	In-kind - Sch H; Staffing

		We currently have 3 trainers at NVRH.			working closely with all health and community-based partners.	
Community Connections trained Community Health Worker (CHW) programming	# of CHWs employed # of patient encounters % of encounters across domains	3 CHWs 3,320 patient encounters Primary Needs: Insurance- 67% Financial- 17% Housing- 5% Transportation- 3% Food- 1% Mental Health- 1% Substance Use- 0.1% Tobacco- 0.1% Medical/Dental/Vision- 7% Employment/Education-1% Safety- 0.2%			NVRH has employed CHWs for over 20 years as part of the Community Connections program. CHWs support individuals with insurance enrollment, resource navigation, stability and accessing basic needs, as well as a gamete of other support.	In-kind - Sch H
VeggieVanGo mobile produce market	# of families served	<ul style="list-style-type: none"> • Oct-24 – 390 (2nd month at new site - 1143 McGoff Hill on the VTSU Lyndon Campus, Lyndonville due to construction) • Nov-24 – 486 (3rd month at new site/changes to 3Squares, non-payment of benefits looming) • Dec-24 - 312 • Jan-25 - 321 			VeggieVanGo is a partnership with the Vermont Foodbank. Once a month, a fresh produce market comes to the health service area. NVRH serves as the site coordinator and supports volunteer recruitment, promotion, and distribution. This program services individuals with limited financial resources.	In-kind - Sch H

		<ul style="list-style-type: none"> • Feb-25 - 374 • Mar-25 - 392 • Apr-25 - 397 • May-25 - 340 • Jun-25 - 293 • Jul-25 - 371 • Aug-25 - 356 • Sep-25- 364 <p>TOTAL – 4,396</p>				
NEK Food Access Guide promotion and outreach	<p># of printed guides</p> <p># of QR code/link clicks as an electronic resource</p>	<p>4,000 printed seasonal guides were distributed across the NEK.</p> <p>Distribution included both printed and electronic versions. Electronic versions were distributed broadly throughout the community, reaching more than 200 members of the Community Health Team listserv, posted on partner websites, and made accessible via QR codes on flyers that were widely shared and displayed within partner locations and community spaces.</p>			NVRH will leverage Northeast Kingdom Community Action Program’s locally-produced Food Access Guide and promote via the website, social media, and community connections in order to reach the target population with this critical information.	In kind – Sch H
HealthyChoices Newsletter	<p>Value of invoices paid</p> <p># of homes receiving the tri-annual publication</p>	<p>\$16,125.38 for design, print and mailing</p> <p>14,156 homes receive via direct mail</p>			NVRH produces a tri-annual newsletter that informs the service area of free or low-cost resources, services, and supports to improve health and holistic wellbeing.	In-kind – Sch H

Community Gardens	# of plots # of gardeners	28 garden plots 31 of gardeners			NVRH provides free garden space to community members.	In-kind – Sch H
Social Determinants of Health screening in primary care screening	# of individuals screened # of positive screens	19,322 patients screened 586 positive screens			NVRH will continue to screen primary care patients using the Blueprint and OneCare Vermont required screening tool, the CMS 15 Health-Related Social Needs Screener. This standardized tool developed by the Centers for Medicare & Medicaid Services (CMS) identifies social determinants of health that may impact a patient's well-being, including housing instability, food insecurity, transportation needs, utility difficulties, and interpersonal safety	Budgeted operational expense; Equipment
Blizzard Bags	# of bags distributed Value of invoices paid	300 bags distributed \$2,757.67			NVRH will continue to partner with the Northeast Kingdom Council on Aging and the Passumpsic Bank to provide shelf-stable emergency preparedness food bags for older adults in our service area. These bags serve as reserves in the event of power outages and other winter-related challenges.	In-kind – Sch H
Coat Drive	Volume of donations received	Over 40 bags of donations received, including winter			NVRH will continue to partner with Passumpsic Bank and Community National Bank to	In-kind – Sch H

	<p>(determined by # of bags)</p> <p># of individuals served</p> <p>Outreach efforts</p>	<p>gear, blankets, boots, and other warm apparel.</p> <p>Over 100 community members served from across the lifespan, including youth, adults, and older adults. Remaining items were delivered to NEKCA for continued community access.</p> <p>Extensive outreach, including distribution of flyers through Community Health Team listserve (200+ direct service providers, NVRH employees (700+ employees), collection boxes across 10 locations (Passumpsic Bank, Community National Bank, and NVRH), social media posting and shares, flyers hung in the community, and extensive signed outside of the coat drive location.</p>			<p>collect donations and offer a free annual coat drive to the community ahead of the winter months each year. This coat drives provides basic gear to provide warmth for all ages during the winter months.</p>	
<p>NEK Prosper! Backbone Facilitation</p>	<p># of staff providing backbone support</p> <p>Collaborative Action</p>	<p>2 NVRH staff provide backbone facilitation support, and 1 additional staff member provided CAN facilitation</p>			<p>NVRH will provide backbone facilitation support for the Accountable Health Community serving Caledonia and Southern Essex Counties. This work entails looking at the root drivers of poor health and using</p>	<p>In-kind – Sch H</p>

	<p>Networks (CAN): Amount of funding awarded per CAN</p>	<ul style="list-style-type: none"> • Mentally Healthy CAN - \$2,380.84 • Physcially Health and Well Nourished CAN- \$4,731.68 • Well Housed CAN- \$0 • Financially Secure CAN - \$0 <p>Grand Total: \$7,112.52</p>			<p>principles of collective impact to improve conditions. NEK Prosper! is a vehicle for collaboration, community engagement, and providing awareness of resources and services. Additionally, NVRH will provide annual funding to support Collaborative Action Network (CAN) requests to plan and implement activities designed to address CHNA priorities.</p>	
<p>Exploration of Housing Solutions</p>	<p># of partners engaged</p> <p># of meetings held</p> <p>Opportunities identified</p>	<p>At least 28 partners engaged</p> <p>12 monthly meetings occurred (and are ongoing) for the Local Housing Coalition that has become the Well Housed CAN focused on the full NEK</p> <p>Opportunities have included promoting HomeShare Vermont, development and distribution of a resource tool, and working with the NEK Collaborative, which is currently involved with the Mobile Home Infill Program (MHIP) to create up to 40 new affordable homes in the NEK.</p>			<p>NVRH’s CEO, Board, and staff will engage and collaborate with community partners and members, such as the NEK Collaborative, NEK Prosper!, and other local organizations, to develop strategies and opportunities to address housing challenges and affordability. This may include advocacy as well as leveraging resources and expertise.</p>	<p>In-kind – Sch H</p>

Transportation to work initiatives “Rides to Work”	# of people served Value of support provided	17 people served \$400.00 in gas cards			Transportation to work and accessing other basic needs continues to be a barrier identified in the CHNA. NVRH will work with HireAbility to support the “Rides to Work” transportation initiative low-income individuals, filling the gap between contacting HireAbility and being engaged into the program, a time in which they are not eligible for program-funded support.	Budgeted
NVRH Summer Events Committee	# of staff engaged # of events attended/held	28 NVRH staff volunteers 18 Days/ 11 Events – (Final Fridays = 3 days, 1event), Caledonia Fair = 4 days, 1 event) \$5,000 in give-a-ways, registration fees, etc.			NVRH will coordinate a summer events committee designed to increase community engagement, increase awareness of services and programs to meet health and social needs, and to humanize NVRH staff to the community to reduce fears of accessing care.	In-kind – Sch H

Budgeted = Included in the Community Health Improvement operations budget (unless otherwise indicated)

In-kind - 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.

Appendix

NVRH Board of Trustees 2024/2025

Mark Bowen	Joe Kasprzak
Susan Carr	Justin Katz, MD*
Peter Crosby	Steve McConnell
Dan Daley	Natalie Morris
Warren Dow	Henry “Hank” Parker
Steve Feltus	Thad Richardson
John Goodrich*	Kinsley Sicard
Robert Grant, MD	Sara Simpson
Deborah Harrigan, MD	Cynthia Stuart
Jennifer Harris	Amanda Van Straten, MD*
Barbara Hatch*	Roena Whitehill
John Kascenska	

**Denotes Trustees who departed from the Board in 2024*

Northeast Kingdom Coordinated Community Health Needs Assessment Steering Committee

Name	Title	Organization
Diana Gibbs	Vice President of Marketing and community Health Improvement	Northeastern Vermont Regional Hospital
Michael Costa	Chief Executive Officer	Northern Counties Health Care
Meg Burmeister	Executive Director	Northeast Kingdom Council on Aging
Robin Kristoff	Strategy and Operations Specialist	Northeast Kingdom Community Action
Heather Lindstrom	Public Health Services District Director	Vermont Department of Health, St. Johnsbury District
Tin (Justin) Barton-Caplin	Public Health Services District Director at Vermont Department of Health	Vermont Department of Health, Newport District
Laura Nelson	Chief of Organizational Development	Northeast Kingdom Human Services
Amy Jones	Quality Director	Northeast Kingdom Human Services
Mandy Chapman	Population Health Manager	North Country Hospital
Julie Riffon-Keith	Senior Director of Healthcare Quality	North Country Hospital

NEK Prosper! CAN Request for NVRH Community Benefit Funds

What are Community Benefits?

The Patient 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

Fund availability: Each CAN is allotted up to \$5,000 for Fiscal Year 2025, running from October 1, 2024-September 30, 2025. All requests must be made prior to September 30, 2025.

To access funds, complete and return this form via email to Diana Gibbs d.gibbs@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.	

<p>Population level measures for the CAN</p> <ul style="list-style-type: none"> • Indicator(s)/Measure(s) • Source of data on this measure • Current value of measure in the NVRH health service area or county 	
<p>Briefly describe how these funds will be used:</p> <ul style="list-style-type: none"> • Name of initiative • Target population 	
<p>Briefly describe how the CAN decided on the project/initiative funded by this request:</p> <ul style="list-style-type: none"> • Data or statistics • Community input/engagement 	
<p>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).</p> <ul style="list-style-type: none"> • How much will be done? (quantity) • How well will it be done (quality) • What difference will it make (impact) 	