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## Objectives for today:

#### Understand the history of the CAHC and the models used:

- Accountable Health Community
- Collective Impact
- Results Based Accountability

#### Hear about some examples of current innovative initiatives:

- Bridging for Health: Improving Community Health through Innovations in Financing
- Mentally Healthy Collaborative Action Network

### Caledonia - So. Essex Accountable Health Community (CAHC)

#### Our Mission & Vision:

To improve the health and well-being of the people in Caledonia and southern Essex Counties by integrating our efforts and services with an emphasis on reducing poverty.

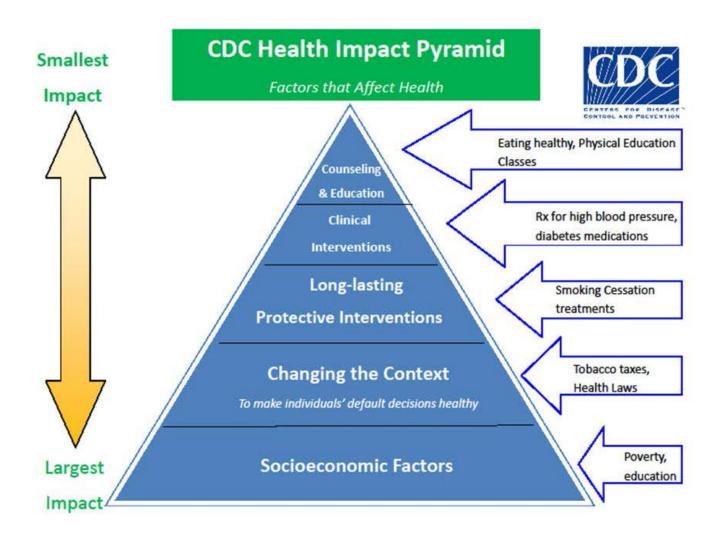
#### We will work together to ensure our population is:

Financially secure \* Physically healthy \* Mentally healthy Well-nourished \* Well-housed

Our success starts with:

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Organization, Your Friends, YOU, Your Family and Neighbore



Source: Frieden, T. A Framework for Public Heath Action: The Health Impact Pyramid. Am J Public Health. 2010; April; 100(4): 590–595.

## Accountable Health Community AHC

An aspirational model—accountable for the health and well-being of the entire population in its defined geographic area and not limited to a defined group of patients.

Population health outcomes are understood to be the product of multiple determinants of health, including:

medical care
public health
genetics
behaviors
social factors
economic circumstances
environmental factors

#### **Key Functions of an AHC**

Convene diverse stakeholders and create a common vision

Conduct a community health needs assessment and prioritize needs

Build and manage a portfolio of interventions

Monitor outcomes and implement rapid cycle improvements

Support transition to value based payment and global budgets

Facilitate coordinated network of community based services

## The Evolution of Healthcare Reform

Category 1

Category 2

Category 3

Category 4

Fee for service – No link to Quality and Value

Fee for service – link to Quality and Value

Example:
Enhanced
payment for
Patient-Centered
Medical Homes

Alternative
Payment Model
built on fee for
service platform

Example: ACO's with shared savings

Population based payment

Example:

Risk Models/Next Gen ACO



Category 5 AHC

## **US Health Care Delivery System Evolution**

#### **Health Delivery System Transformation Critical Path**

**Acute Care System 1.0** 

Episodic Non-Integrated Care

- Episodic health care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly coordinated chronic care management

Coordinated Seamless
Healthcare System 2.0

Outcome Accountable Care

- Patient/person centered
- Transparent cost and quality performance
- Accountable provider networks designed around the patient
- Shared financial risk
- HIT integrated
- Focus on care management and preventive care

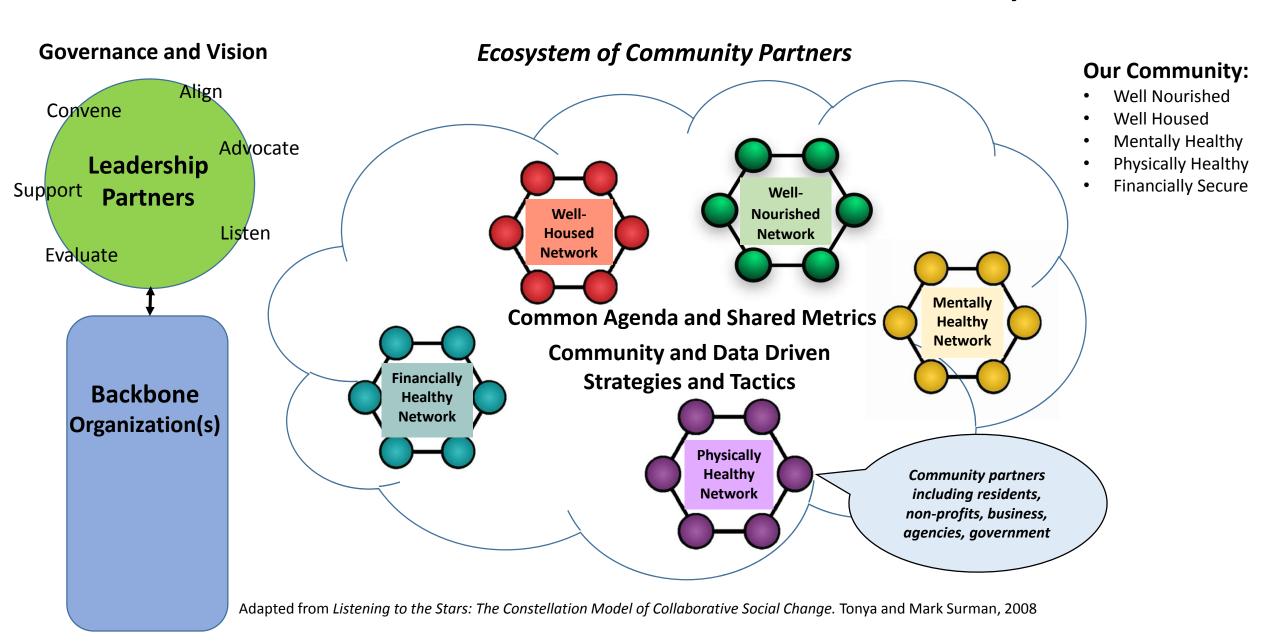
Community Integrated Healthcare System 3.0

> Community Integrated Healthcare

- Healthy population centered
- Population health focused strategies
- Integrated networks linked to community resources capable of addressing psycho social/economic needs
- Population-based reimbursement
- Learning organization: capable of rapid deployment of best practices
- Community health integrated
- E-health and telehealth capable



#### **Caledonia & So. Essex Accountable Health Community**



## **Backbone**

FQHC/Home Health Entity (formerly Hospital & State-wide Foodbank)

#### **Leadership Team/Steering Committee**

Northeastern VT Regional Hospital

VT Food Bank

Northeast Kingdom Human Services (mental health)

Northeast Kingdom Council on Aging

RuralEdge (housing)

Northern Counties Health Care (FQHC and Home Health)

**Northeast Kingdom Community Action** 

Green Mountain United Way

#### **Member Organizations**

School districts

Domestic violence agency

Youth services

Economic Development and Regional Planning agencies

Banks/Financial organizations

**USDA** 

**Town Government Leaders** 

Restorative Justice

VT Department of Health

VT Department of Human Services

**ACO** Representatives

#### **Our Collective Members**

## Results-Based Accountability

# How much are we doing?

How well are we doing it?

Is anyone better off?

# Adolescent Fruit & Vegetable Consumption Dashboard

Outcome: Everyone in Car-s. Essex counties is well-mourished by 2020					
Indicator: YRBS	Time Period	Actual Value	Target Value	Current Trend	
% adolescents (grades 9 – 12) eating 2 or more fruits daily	2018	34%	40%		

2018

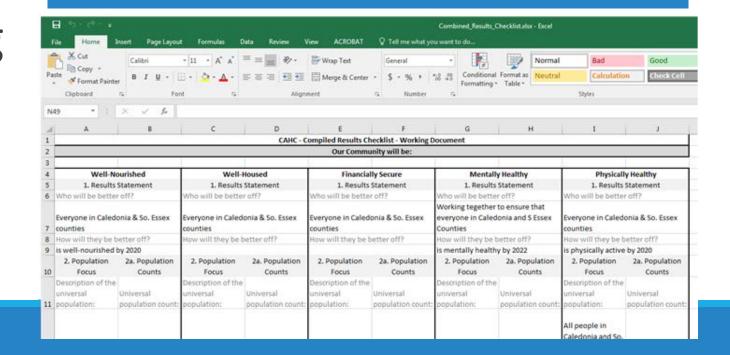
% adolescents (grades 9 - 12) eating 3

or more vegetables daily

Story behind the curve: Eating a diet high in fruits and vegetables is associated with decreased risk of obesity and chronic disease. Best practices indicate that consuming the recommended amount of fruits and vegetables is beneficial. At every meal, half of the plate should be filled with fruits and vegetables. Children who eat fruits and vegetables are more likely to continue to eat healthy as adults.

Partners: Local Schools, Resiliency Collaboration Members, Vermont Department of Education, USDA, Vermont Department of Health, Vermont Farm to School

What Works: School based programs and policies – Universal School Lunch; Healthy Community Design – gardens, farmers' markets, fruits and vegetables in stores





Laural Ruggles, MBA, MPH I.ruggles@nvrh.org

## Resource Links:

https://www.preventioninstitute.org/projects/accountable-communities-health-ach

http://collectiveimpactforum.org/

https://raguide.org/

http://ghpc.gsu.edu/project/bridging-forhealth/

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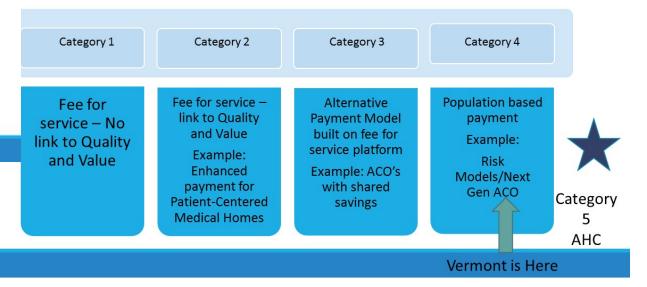
# AHC Medicaid Transformation Pilot Getting Vermont to Category 5 and Health System 3.0

#### **US Health Care Delivery System Evolution**



Halfon N. et al, Health Affairs November 2014

#### The Evolution of Healthcare Reform



**Bridging for Health** is fostering connections among multisector stakeholders to rebalance and align investments in health.



- By bridging connections between multisector stakeholders, **Bridging for Health aims to:**
- Align resources and community efforts through the collective impact framework to achieve meaningful and sustainable health improvement.
- Promote stewardship toward enhanced planning and management of health-related resources.
- Use a Health in All Policies approach to recognize and target factors outside of the traditional health care delivery system that significantly influence health attainment.





# Stakeholder Gathering September 2017



## The CAHC Prosperity Fund Prototype "Pitch"

- What is a Community Investment Fund?
- Why we chose it as a funding mechanism
- Why it fits with what we want to do in our community



## Our Prototype

# How our Community Investment Fund Creates Jobs and Reduces Poverty in the NEK

#### The Need

FPL: Essex, 15.9% in poverty; Caledonia, 14.1% live in poverty US Census 2009 – 2013; American Community Survey

Unemployment (annual average 2017)
Essex 8.3%;
Caledonia 6.2% VT Dept of Labor

#### Poverty and Why We Chose it:

The single strongest predictor of health is socioeconomic status.

- Improving socio-economic status will have the greatest impact on our 5 outcome areas
- Our rural community lacks broad based prosperity;
   residents have identified the need for good jobs

#### **Our Financing Innovation – CIF**

- consolidates both capital and philanthropic funding sources
- blends financial and social return on investment

#### What makes CIF a high level strategy:

- Multi-sectoral lots of potential partners
- fund can be leveraged for many different types of strategies
- creates new networks as it grows; fosters new collaborations





## Who We Are

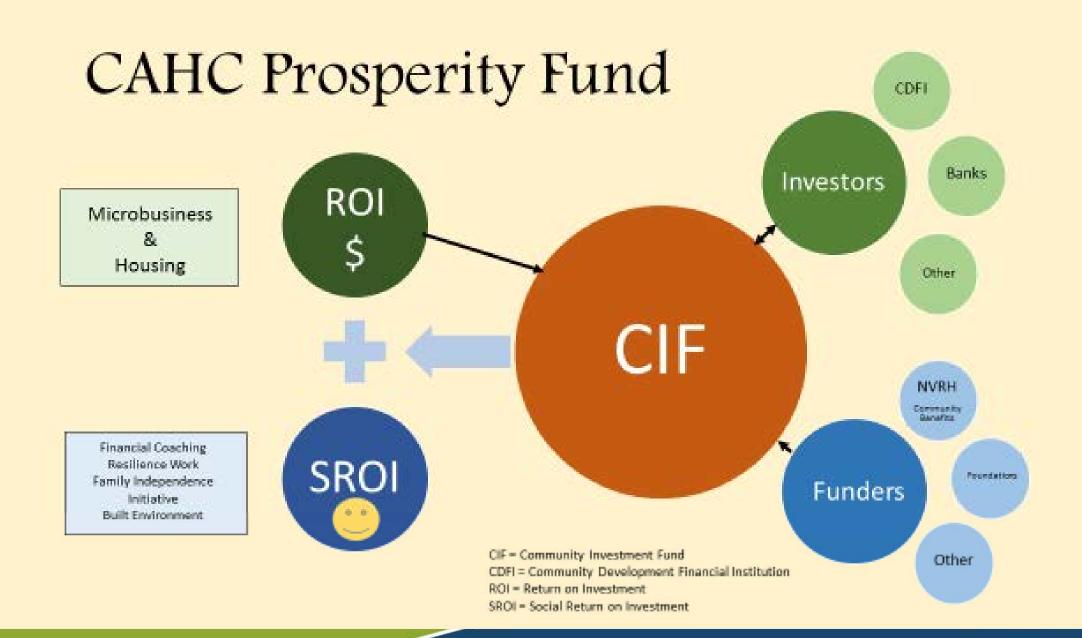
Core Principle	Clarity of Purpose
Fit: Intersection of Need, Strategy, Financing	<ul> <li>Poverty is our biggest health disparity</li> <li>Fills a gap in financing for micro-business</li> <li>Provides new sources of funding and redirects existing funding</li> </ul>
Commitment	Team Finance and Team Health and Human Services unanimously support our prototype
Implementable	Have a mechanism to identify microbusinesses and existing infrastructure to manage the fund; have identified possible sources of funding
Can be replicated	Similar models, at various scale, have been successful across the nation and in New England







## Our Prototype





## Success looks like...

## THE CALEDONIAN RECORD

Established 1837

## Small Business Growth Explodes in NEK

- Prosperity Funds Hits \$25 Million Mark
- All CAHC Members Commit Money to Prosperity Fund
- NEK Poverty Rate Lowest in Vermont
- Initial Prosperity Fund Businesses Give Back; Reinvest in the Fund
- Median Household Income in the NEK Jumps for First Time
- NEK: The Destination for Female Entrepreneurs
- Prosperity Fund Expands Walkable Communities Across the NEK
- NEK Warming Shelter Closes Due to Lack of Need





## Assumptions and Stakeholders

## The Top 3 Assumptions We Need to Address Are:

- 1 There is money to create the fund
- 2 People want to invest in the NEK
- 3 We are not duplicating existing funds/resources

## The Top 3 Stakeholders We Plan to Talk to Are:

- 1 Community banks and other lenders (assess risk)
- 2 Vermont Community Foundation (assess gaps)
- 3 Potential entrepreneurs (assess risk and recruit)



## What We've Learned, What We Need

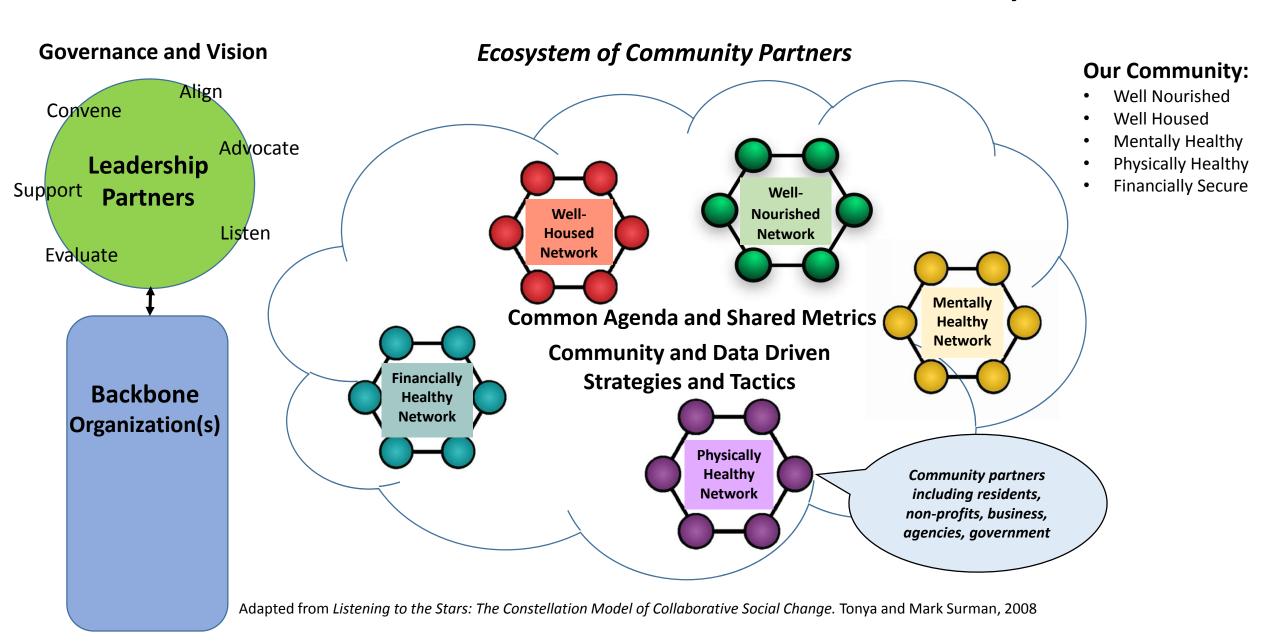
# The Top Things We've Learned so Far:

- 1 Widespread commitment to making the NEK a better place to live
- 2 Trust leads to action
- 3 Collective action takes time

# The Top Things We Need To Move Forward:

- 1 Minimal Viable Product
- 2 Money! (Supply)
- 3 Public engagement (Demand)
- 4 Legal and regulatory
- requirements
- 5 Measures of Success

#### **Caledonia & So. Essex Accountable Health Community**



# Caledonia - So. Essex Accountable Health Community (CAHC)

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## We will work together to ensure our population is:

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## Results Statement



Working together to ensure that everyone in Caledonia and So. Essex Counties is Mentally Healthy by 2020.

Mentally healthy is "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."

# Factor Analysis



## The Adverse Childhood Experiences (ACEs) Study – A Wake-Up Call

"adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today."

Dr. Robert Block, former President of the American Academy of Pediatrics

## ACES can have lasting effects on....



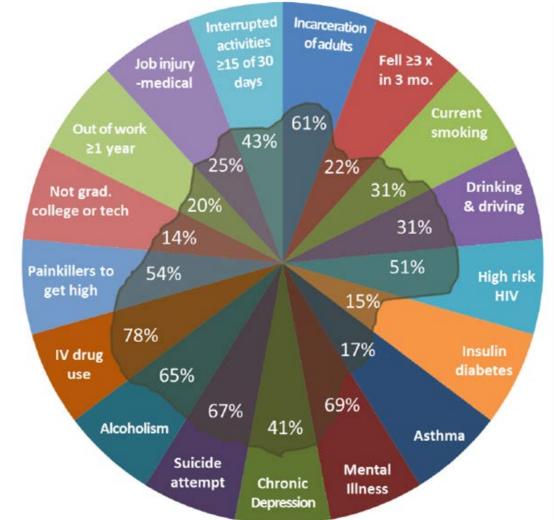
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



# Now that we know all this, what do we do?



## What Works? Core Protective Systems

es

Self-Care
Thinking and Talking About It
Building Adult Capabilities
Building a Resilient Brain

Attachment & Belonging

Safe, Stable and Nurturing Relationships and Environments
Strengths-Based, Experience-Informed Approaches
Social Connection
Knowing the Signs of Mental Distress and Reaching Out for Help

Community
Culture
Spirituality

Knowing Community Resources
Community Capacity Building
Engagement with Effective and Healing Organizations
Collective Impact

## **Community Capacity Development**

Leadership Expansion

Coming Together

Shared Learning

Leadership Expansion

Coming Together

Shared Learning

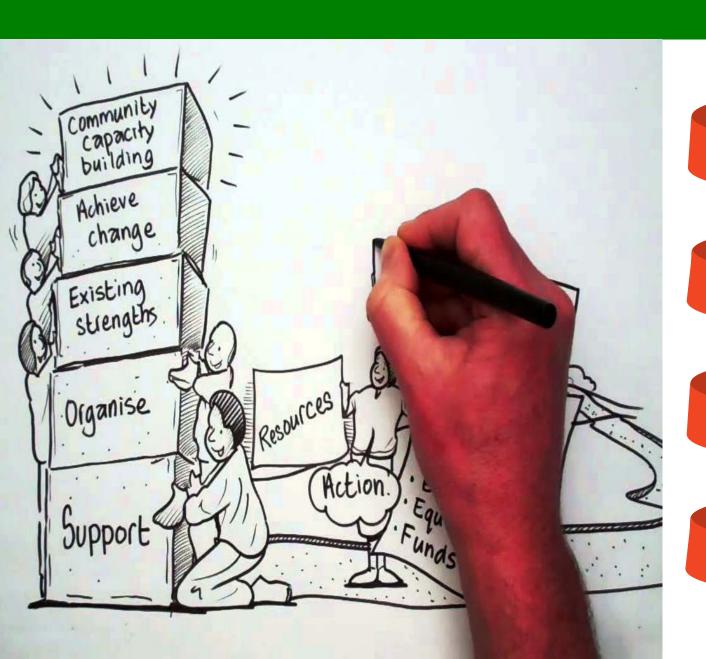


## Population Measures (Middle School) Caledonia

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From Youth Risk Behavior Survey	Time Period	Actual Value	Target Value	Current Trend
% of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, past 12 months	2015 2013	26% 22%		
% of students who ever seriously thought about suicide	2015 2013 2011	22% 21% 24%		
% of students who ever made a suicide plan	2015 2013 2011	17% 14% 14%		
% of students who ever attempted suicide,	2015 2013 2011	10% 7% 6%	0%	

## **Community Capacity Development**



Leadership Expansion

**Coming Together** 

Shared Learning

Results-Oriented Decisions

Leadership Expansion

Coming Together

Shared Learning

Results-Oriented Decisions

"... we believe that there is no other way society will achieve large-scale progress against the urgent and complex problems of our time, unless a collective impact approach becomes the accepted way of doing business."

-John Kania & Mark Kramer

#### **Common Agenda**

Keeps all parties moving towards the same goal

#### **Common Progress Measures**

Measures that get to the TRUE outcome

#### **Mutually Reinforcing Activities**

Each expertise is leveraged as part of the overall

#### **Communications**

This allows a culture of collaboration

#### **Backbone Organization**

Takes on the role of managing collaboration

**Collective Impact** is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change.

## Strategies

Overall approach is to follow the bright spots and leverage the work and cross-sector relationships already in place to build positive social connections, engage in shared learning and conversations that matter, expand leadership, and to do so in a safe, inclusive, and experience-informed manner.

- 1. Building Flourishing Communities a transformational process model for improving intergenerational health by building community capacity and disseminating NEAR (Neuroscience, Epigenetics, Adverse Childhood Experiences and Resilience) science.
- 2. Regional Mental Health Campaign: training, events and media to reduce stigma and myths around mental health and suicide and increase positive messaging about belonging and seeking help.
- 3. Journey to Becoming a Healing Accountable Health Community trauma-informed systems and organizational level framework modeled after the San Francisco DPH Trauma-Informed Systems Initiative.
- **4. Umatter Youth and Young Adults Program** to engage young people in promoting wellness in their school communities, fostering their own protective factors, developing critical life skills for resiliency, and creating community action plans to spread this work to the wider school community and community at large.
- **5. Zero Suicide** is a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools.











TALK & LISTEN, BE THERE, FEEL CONNECTED

DO WHAT YOU CAN, ENJOY WHAT YOU DO. MOVE YOUR HOOD REMEMBER THE SIMPLE THINGS THAT GIVE YOU JOY EMBRACE NEW EXPERIENCES, SEE OPPORTUNITIES, SURPRISE YOURSELF

Your time, your words, your presence

## Strategy In Action – Building Flourishing Communities



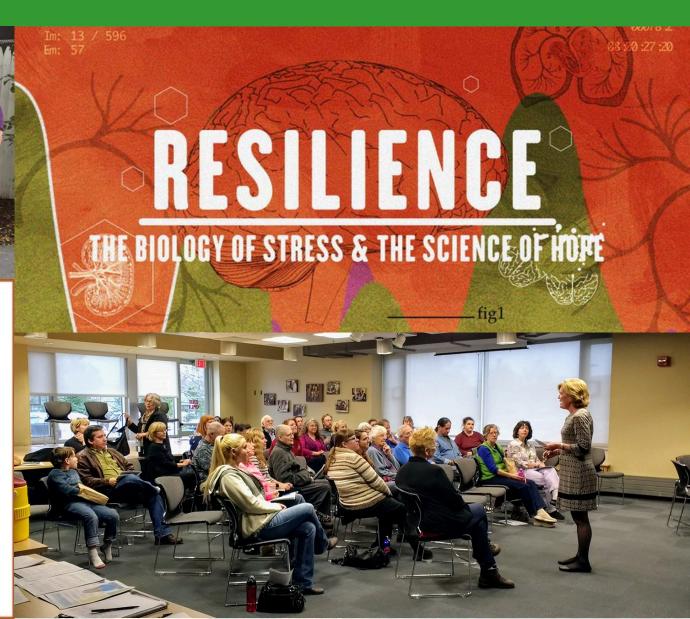




Understanding

N. E. A. R.

Neuroscience Epigenetics Adverse Childhood Experiences Resilience



## Strategy In Action – Mental Health Campaign

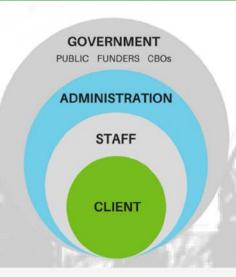


In a Crisis? Text VT to 741741 Free - 24/7 - Confidential Crisis Text Line | NATIONAL 1-800-273-TALK (8255)

suicidepreventionlifeline.org

## Strategy In Action – Road to Becoming a AHC







#### TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership

#### TRAUMA-INFORMED

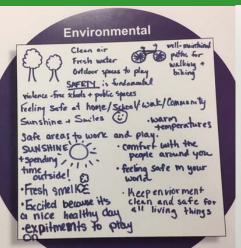
- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression

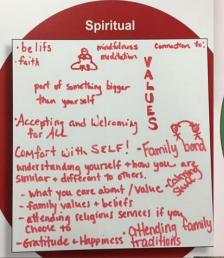
#### **HEALING ORGANIZATION**

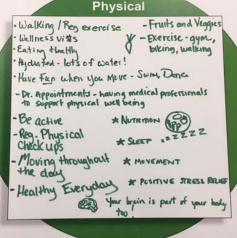
- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

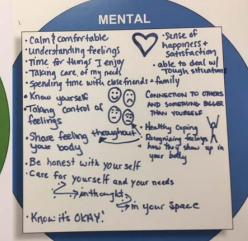


## Strategy In Action – Umatter YYA



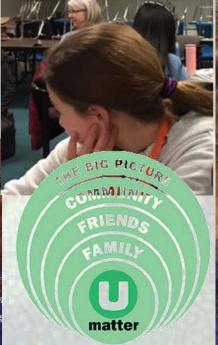














## Strategy In Action — Zero Suicide

## **ZERO**Suicide

IN HEALTH AND BEHAVIORAL HEALTH CARE

www.zerosuicide.com



#### WHAT IS ZERO SUICIDE?

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and also a specific set of tools and strategies. It is both a concept and a practice.

Throughout the seven essential elements of suicide care for health and behavioral health care systems to adopt, Zero Suicide emphasizes the necessity of involving survivors of suicide attempts and suicide loss in leadership and planning. As part of the state's coordinated efforts, Zero Suicide will play a vital role for individuals under care.

## Reflections

