



2018-2023 STATE HEALTH IMPROVEMENT PLAN: PRELIMINARY RECOMMENDATIONS

Dr. Mark Levine, MD, Commissioner

Heidi Klein, Director of Planning and Health Care Quality

Connecting to the work of the GMCB

Health System Reform: Triple AIM

- Cost
- Quality
- Population Health Improvement

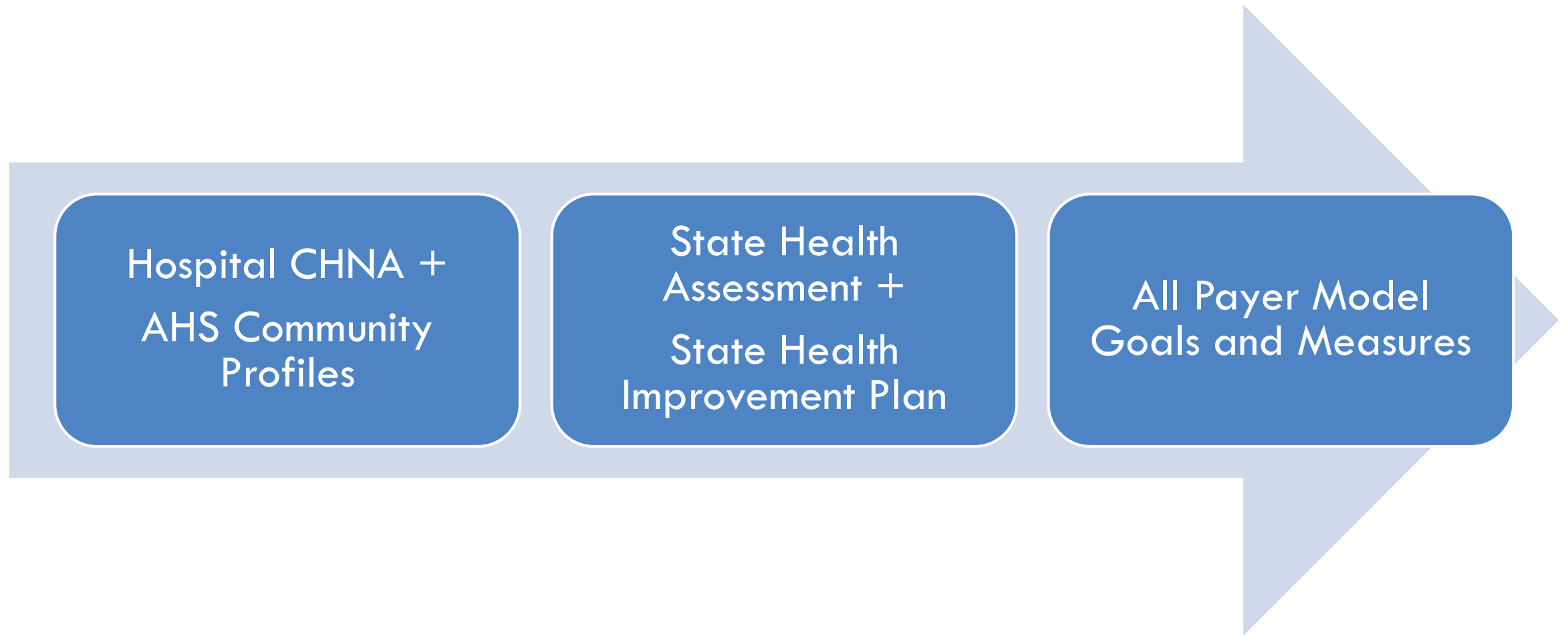
ACO and All Payer Model

- Payment model and care delivery system changes
- Accountability to population goals and measures

Act 167 (2018)

- Codified the State Health Improvement Plan in identification of state health priorities.

The State Health Improvement Plan in Context



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State Health Assessment and Plan

State Health Assessment =

What do we know about the health of Vermonters?

State Health Improvement Plan = Priorities for Vermont

What are we going to do about it?

*What is the plan for all state partners, public and private,
to improve health outcomes?*

Which populations are most affected?

Disparities: Statistical differences in health that occur among populations defined by specific characteristics (e.g. age, sex) Could be from any cause.

Inequity: Differences in health outcomes that are avoidable, unfair, and shaped by condition of people's lives related to the distribution of money, power and resources.

Often associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability.

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Priorities from the State Health Assessment

Health Conditions/Outcomes

- ❑ Child Development (*chD*)
- ❑ Chronic Disease (*CD*)
- ❑ Mental Health (*MH*)
- ❑ Oral Health (*OH*)
- ❑ Substance Use Disorder (*SU*)

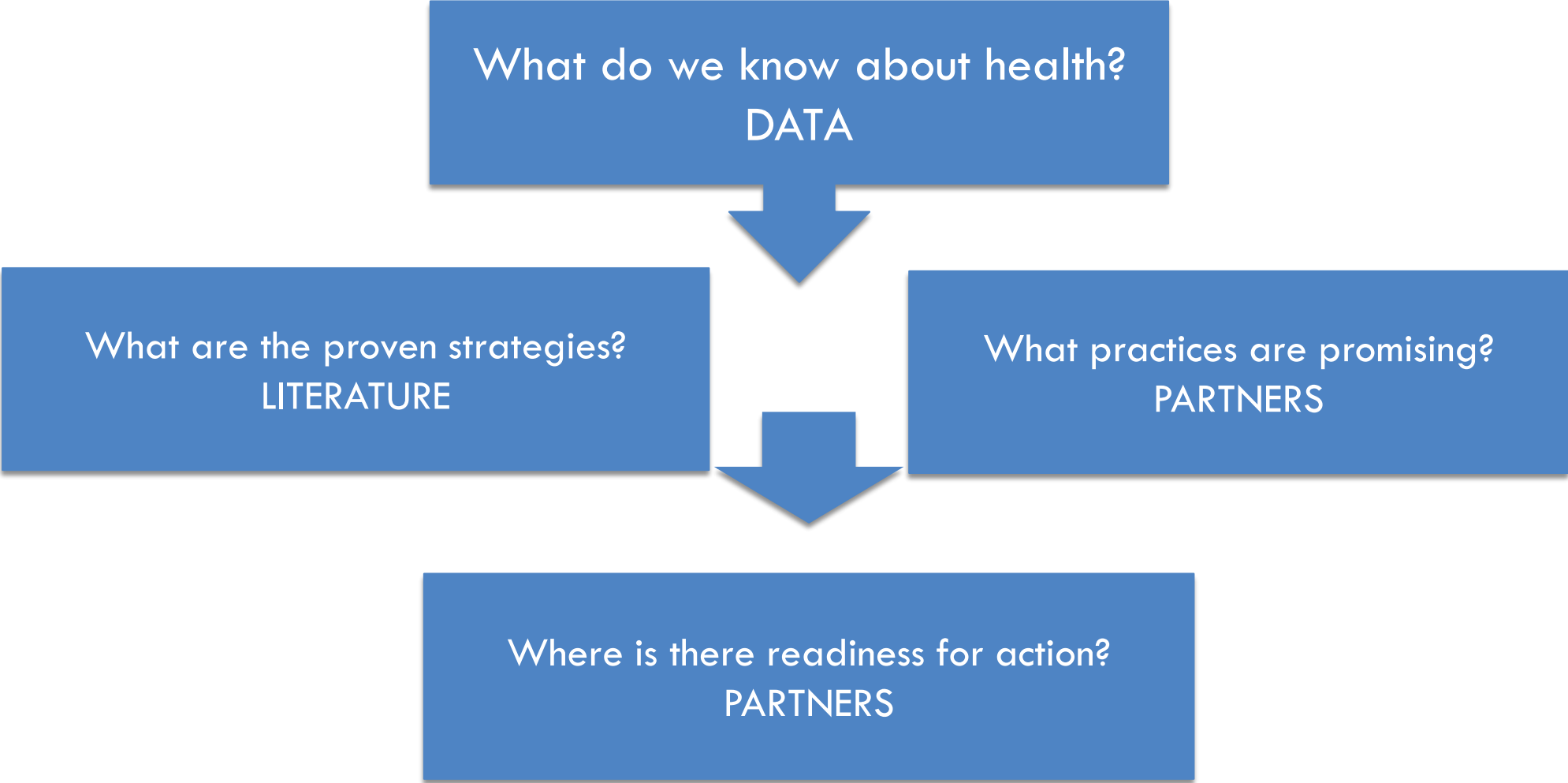
Social Conditions (*SDOH*)

- ❑ Housing
- ❑ Transportation
- ❑ Food
- ❑ Income/Economic Stability

Priority Populations and Outcomes

2018-2023	Disability	LGBTQ	People of Color	Low SES	Other
Child Development	x		x	x	x
Chronic Disease	x	x	x	x	x
Mental Health		x	x		x
Oral Health	x		x	x	x
Substance Use		x	x		
Cross-cutting Co-occurring	x	x	x	x	x
		Vermont Department of Health			

Selecting Strategies



VISION

All people in Vermont have a fair and just opportunity to be healthy and live in healthy communities

OUTCOMES

- Vermonters have the resources needed for healthy living and healthy aging
- All children achieve optimal development
- Vermonters have life-long opportunities for oral health
- Vermonters demonstrate resiliency and mental wellness

STRATEGIES

Invest in Community Infrastructure

Use payment reforms and regulatory levers to invest in housing, food, transportation

Expand subsidies, loans and grants for weatherization

Create transportation to increase connectivity and reduce isolation

Expand community water fluoridation

Promote healthy community design and policy

Build Individual and Community Resilience, Connection, and Belonging

Expand home visiting services

Promote *Strengthening Families*

Implement school health and wellness

Expand youth mentors, peers program and supports

Create community-based recovery supports

Increase Access to Care and Services

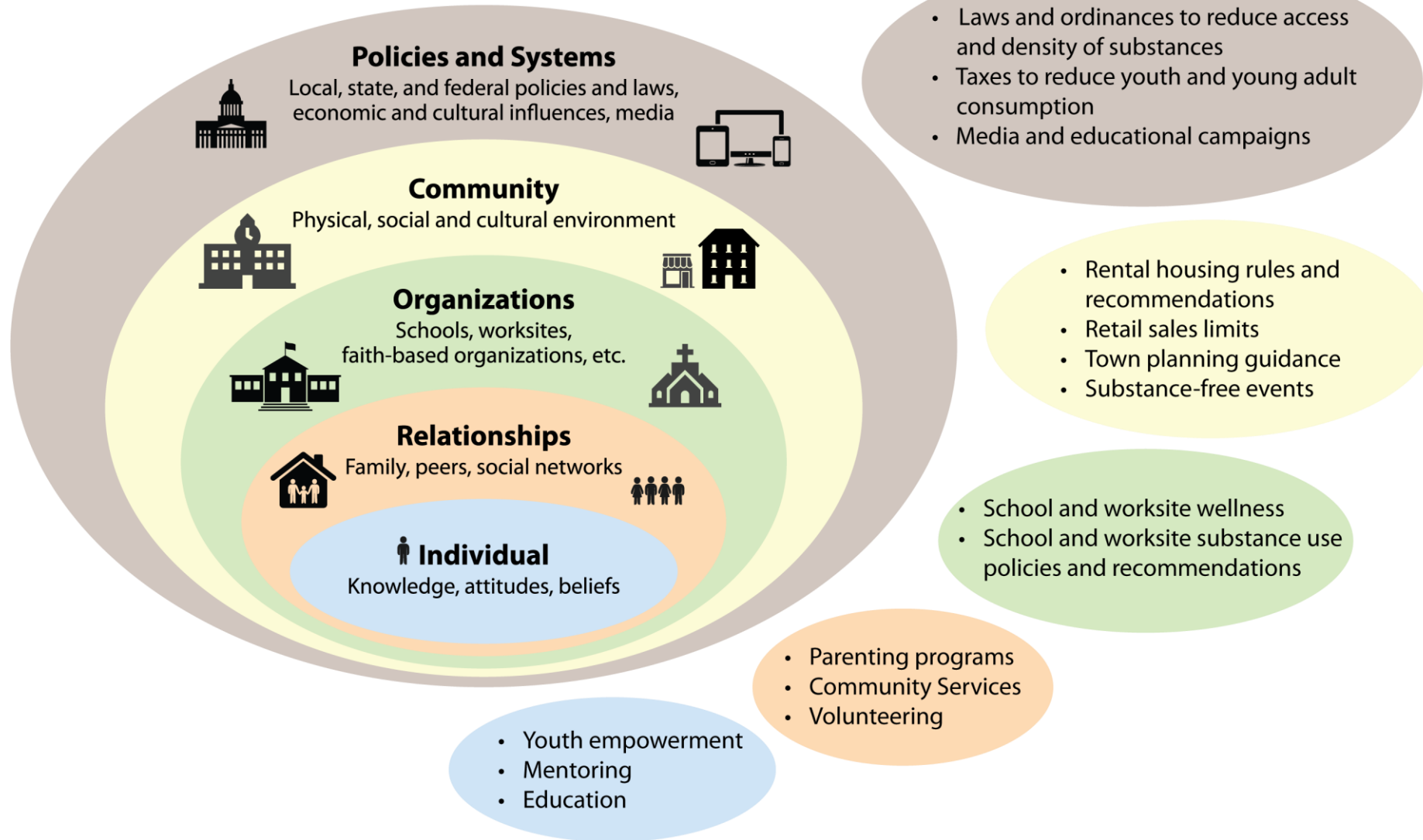
Integrate primary care, oral health, mental health and substance use in health care and alternative settings

Invest in Telehealth/telemedicine modalities

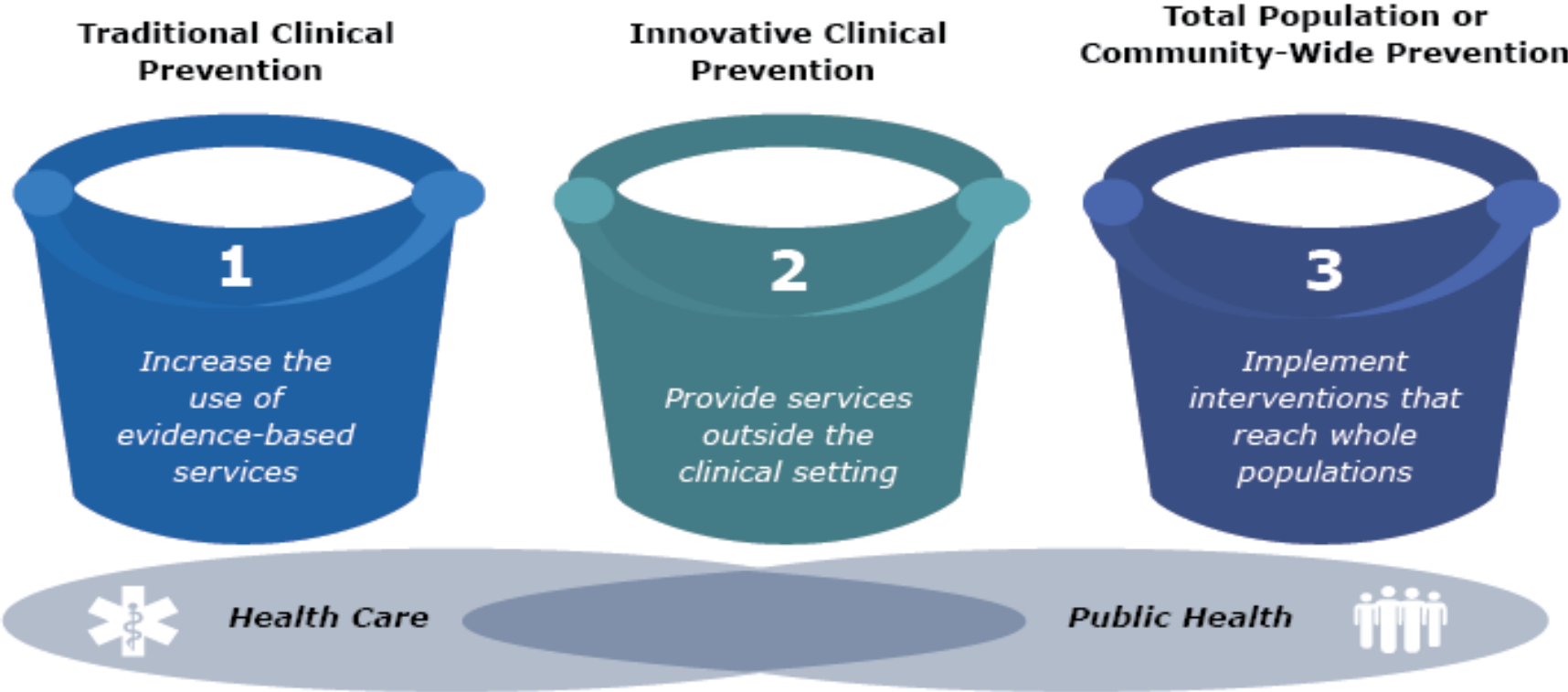
Include SBINS for social determinants / healthy behaviors for all children and families in health care practices and childhood settings

Adopt Organizational and Institutional Practices for Increasing Equity

Substance Misuse Prevention Model



Framework for Strategies with Health Care Partners



To read more: <http://journal.lww.com/jphmp/toc/publishahead>



Infrastructure to Create Healthy Communities – Example

- Create incentives and flexibility in health system financing to fund local upstream efforts and **social determinants**

Example for Buckets #2 and #3:

- Build/purchase **housing for the homeless** to improve diabetes and asthma management and reduce emergency department admissions

Equity: Prioritize funding for communities identified in state health assessment (LGBTQ, PoC, Low SES, Disability)

Invest in programs that promote **resilience** – Example

Bucket 1: **Screen** all families for social determinants of health in all medical, early care, and educational settings **and connect to services**

Bucket 2: Expand access to **home visiting services** for pregnant women and families

Equity: Adopt **CLAS*** standards by all providers

Invest in training of staff to **reduce bias** and **stigmatization**

* <https://www.thinkculturalhealth.hhs.gov/clas/standards>

Expand **Access** to Person-Centered Care – Example

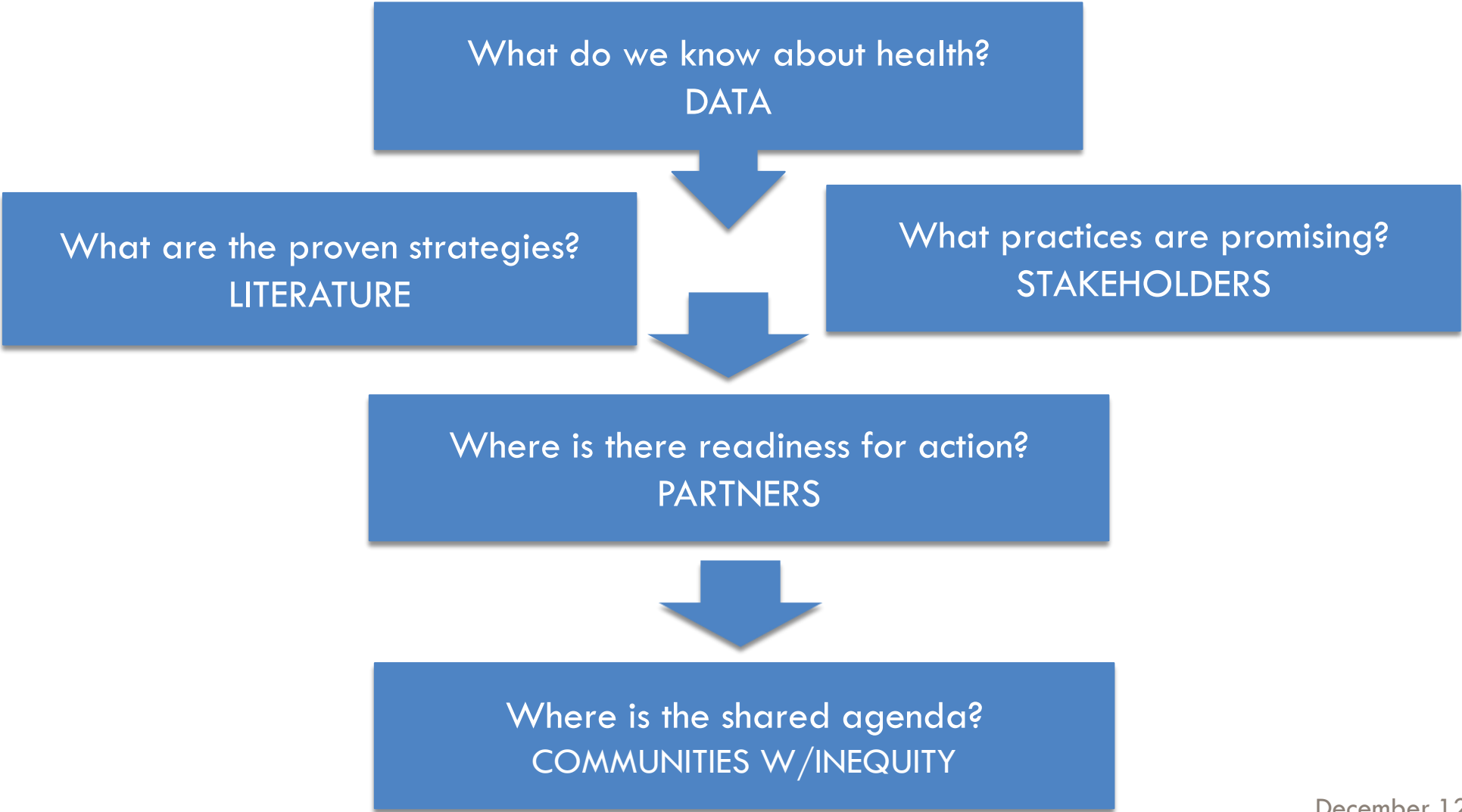
- Explore and pilot **innovative payment and service delivery** models to improve access to and the quality of dental care in Vermont
- Examples:
 - Bucket 1: **Integrate oral health** within other health service settings
 - Bucket 2: Allow/provide payment of oral health services in **alternative settings** (e.g. community clinics, schools, home visiting, nursing homes) by a **range of providers**

Equity: Adopt **CLAS** standards in all settings

Finalizing the Plan

The process moving forward

Finalizing Strategies



Implementation Plan: Year One

- Build the accountability and monitoring system that will track progress towards population health improvement
 - ▣ Post outcomes, indicators and strategies
 - ▣ Identify lead agencies/partners

- Develop a shared agenda and implementation plan with the populations affected
 - ▣ Establish workgroups for each strategy which include government, health system, academic and community partners along with populations experiencing inequities (LGBTQ, populations of color, people with disabilities, lower SES)
 - ▣ Use on-the-ground experience to inform strategy and implementation plan

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Appendix A: Details of Strategies

More detailed description of the evidence-based strategies that summarized on Slide 10

Invest in **Infrastructure** to Create Healthy Communities

- ❑ Promote policies and norms related physical activity, nutrition, tobacco and substance use in municipalities, worksites and other sectors (**chD**, **CD**, **SU**, **SDOH**)
- ❑ Create incentives and flexibility for primary prevention efforts such as “Food as medicine” and “Housing as healthcare” (**SDOH**)
- ❑ Use payment reforms and regulatory levers (e.g., health insurance regulation, provider and ACO regulation, health care organization and workforce licensure, etc.) to encourage investments in primary prevention and social determinants (**SDOH**)
- ❑ Expand subsidies, loans and grants for housing and weatherization* (**SDOH**)
- ❑ Create shared investments and partnerships for transportation to increase connectivity and reduce isolation* (**SDOH**, **MH**)
- ❑ Expand community water fluoridation* (**OH**)

Invest in programs that promote individual and community resilience, connection and belonging

- ❑ Expand access to an array of home visiting services for families with and expecting young children (chD, CD, MH, SU)
- ❑ Promote the *Strengthening Families* cross-sector system that is informed by family voice to mitigate the impact of adversity and strengthen protective factors (parental resilience, social connections, concrete supports, knowledge of parenting and child development, social and emotional competence of children)* (chD, CD, MH, SU)
- ❑ Expand opportunities in the community to build resilience and protective factors among youth (mentors, peer programs and supports) (chD, CD, MH, SU)
- ❑ Implement school health and wellness plans, policies, programs to support healthy behaviors, resilient youth, and positive school environments* (chD, CD, MH, SU)
- ❑ Create community-based recovery supports such as: training, coaching, and peer services (MH, SU)

Expand **Access** to Integrated Person-Centered Care

- Create integrated care for primary care (including pediatric), mental health, substance use disorder and oral health (**chD**, **CD**, **OH**, **MH**, **SU**)
- Create universal developmental screening and referrals for children and their families in early care, education and health settings (**chD**, **CD**, **MH**, **SU**)
- Implement screening for the social determinants and health behaviors, brief intervention and navigation to services for all children and families in health care practice settings (**SDOH**)
- Improve access to and the quality of dental care by integrating oral health into health/medical homes and alternative settings (e.g. community clinics, schools, home visiting, nursing homes), including Telehealth (**OH**)
- Promote social and emotional developmental of all children through cross sector practice improvement and professional development for our early care and learning providers (**chD**, **CD**, **MH**, **SU**)

Adopt Organizational and Institutional Practices for Increasing Equity

- Engage in meaningful ways with communities experiencing inequities in order to develop a shared agenda to advance health equity
- Apply knowledge about bias and structural racism in developing programs, policies and budgets
- Provide culturally and linguistically appropriate care and services
- Incorporate the roots of inequity in work across sectors

For More Information

For the full data report: [2018 State Health Assessment](http://www.healthvermont.gov/about/reports/state-health-assessment-2018)

<http://www.healthvermont.gov/about/reports/state-health-assessment-2018>

For data beyond the report:

□ [Scorecard for State Health Improvement Plan 2013-2017](http://www.healthvermont.gov/about/performance/state-health-improvement-plan-2013-2017)

<http://www.healthvermont.gov/about/performance/state-health-improvement-plan-2013-2017>

□ [Community Health Needs Assessment by HSA](http://www.healthvermont.gov/ia/CHNA/District/atlas.html) <http://www.healthvermont.gov/ia/CHNA/District/atlas.html>

□ [Data Encyclopedia](http://www.healthvermont.gov/sites/default/files/documents/pdf/Data_Encyclopedia.pdf) http://www.healthvermont.gov/sites/default/files/documents/pdf/Data_Encyclopedia.pdf

Heidi M. Klein, MSPH

Public Health Director of Planning and Healthcare Quality

Vermont Department of Health

108 Cherry Street / Burlington, VT 05401

802.652.2051

Heidi.Klein@vermont.gov

