Moving Upstream: A Framework for Population Health

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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
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

https://www.preventioninstitute.org/projects/accountable-communities-health-ach
The Evolution of Healthcare Reform

Category 1: Fee for service – No link to Quality and Value
Example: Enhanced payment for Patient-Centered Medical Homes

Category 2: Fee for service – link to Quality and Value
Example: ACO’s with shared savings

Category 3: Alternative Payment Model built on fee for service platform
Example: Risk Models/Next Gen ACO

Category 4: Population based payment
Example: AHC

Vermont is Here
US Health Care Delivery System Evolution

Health Delivery System Transformation Critical Path

**Acute Care System 1.0**
- Episodic health care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly coordinated chronic care management

**Coordinated Seamless Healthcare System 2.0**
- 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**
- 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

Halfon N. et al, Health Affairs November 2014
Caledonia & So. Essex Accountable Health Community

Leadership
Partners

Governance and Vision
Convene
Advocate
Support
Listen

Backbone
Organization(s)

Ecosystem of Community Partners

Well-Housed Network
Well-Nourished Network
Mentally Healthy Network
Physically Healthy Network
Financially Secure Network

Common Agenda and Shared Metrics
Community and Data Driven Strategies and Tactics

Community partners including residents, non-profits, business, agencies, government

Our Community:
• Well Nourished
• Well Housed
• Mentally Healthy
• Physically Healthy
• Financially Secure

Adapted from Listening to the Stars: The Constellation Model of Collaborative Social Change. Tonya and Mark Surman, 2008
**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**
How much are we doing?

How well are we doing it?

Is anyone better off?

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**Adolescent Fruit & Vegetable Consumption Dashboard**

**Outcome:** Everyone in Cal-s. Essex counties is well-nourished by 2020

<table>
<thead>
<tr>
<th>Indicator (yrs)</th>
<th>Time Period</th>
<th>Actual Value</th>
<th>Target Value</th>
<th>Current Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>% adolescents (grades 9 – 12) eating 2 or more fruits daily</td>
<td>2018</td>
<td>34%</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>% adolescents (grades 9 – 12) eating 3 or more vegetables daily</td>
<td>2018</td>
<td>18%</td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

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

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[Results-Based Accountability](https://raguide.org/)
Resource Links:

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

http://collectiveimpactforum.org/

https://raguide.org/

http://ghpc.gsu.edu/project/bridging-for-health/
Accountable Health Community AHC

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

The Evolution of Healthcare Reform

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- Category 4: Population based payment Example: Risk Models/Next Gen ACO

Vermont is Here
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 socio-economic 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 | Poverty is our biggest health disparity  
| | Fills a gap in financing for micro-business  
| | Provides new sources of funding and redirects existing funding  

| 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  

CAHC Prosperity Fund

ROI $ 

Microbusiness & Housing

Financial Coaching
Resilience Work
Family Independence Initiative
Built Environment

CIF = Community Investment Fund
CDFI = Community Development Financial Institution
ROI = Return on Investment
SROI = Social Return on Investment
Success looks like…

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

Ecosystem of Community Partners

Leadership Partners
- Convene
- Support
- Evaluate
- Align
- Advocate

Governance and Vision

Backbone Organization(s)

Common Agenda and Shared Metrics
- Well-Housed Network
- Well-Nourished Network
- Financially Healthy Network
- Mentally Healthy Network
- Physically Healthy Network

Our Community:
- Well Nourished
- Well Housed
- Mentally Healthy
- Physically Healthy
- Financially Secure

Community and Data Driven Strategies and Tactics

Community partners including residents, non-profits, business, agencies, government

Adapted from Listening to the Stars: The Constellation Model of Collaborative Social Change. Tonya and Mark Surman, 2008
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:

Your Organization, Your Friends, YOU, Your Family and Neighbors

Mentally Healthy Collaborative Action Network
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

Negative Factors

Underfunded and administratively burdened mental health system
Stigma and myths about mental health & suicide
Poverty
Fear of being labeled as weak or crazy for reaching out/seeking help
Technology replacing human interaction and disrupting sleep
Negative media
Lack of awareness of available supports and services
Alcoholism and opioid misuse
Adverse Childhood Experiences

Positive Factors

Focus on mental health/ACEs/suicide prevention at the State level including the Legislature
Active suicide prevention/mental health promotion curriculum in schools and various agencies
Partnerships between agencies and organizations
Healthy physical environment/recreation opportunities
Good acute and emergency mental health services from NKHS
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?
What Works? Core Protective Systems

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
## Population Measures (Middle School) Caledonia

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

### Indicator: From Youth Risk Behavior Survey

<table>
<thead>
<tr>
<th>% 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</th>
<th>Time Period</th>
<th>Actual Value</th>
<th>Target Value</th>
<th>Current Trend</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>26%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2013</td>
<td>22%</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>% of students who ever seriously thought about suicide</th>
<th>Time Period</th>
<th>Actual Value</th>
<th>Target Value</th>
<th>Current Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>22%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2013</td>
<td>21%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>24%</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>% of students who ever made a suicide plan</th>
<th>Time Period</th>
<th>Actual Value</th>
<th>Target Value</th>
<th>Current Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>17%</td>
<td></td>
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<td></td>
<td>2013</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>14%</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>% of students who ever attempted suicide,</th>
<th>Time Period</th>
<th>Actual Value</th>
<th>Target Value</th>
<th>Current Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>10%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2013</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>6%</td>
<td></td>
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</tbody>
</table>
Community Capacity Development
“...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

**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.

- **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
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.


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.
Strategy In Action – Building Flourishing Communities

RESILIENCE
THE BIOLOGY OF STRESS & THE SCIENCE OF HOME

Building Flourishing Communities

Understanding N.E.A.R.
Neuroscience
Epigenetics
Adverse Childhood Experiences
Resilience
Strategy In Action – Mental Health Campaign

safeTALK

In a Crisis?
Text VT to 741741

Crisis Text Line | Free - 24/7 - Confidential

NATIONAL SUICIDE PREVENTION LIFELINE
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
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

What thoughts or questions do you have?

Thank You!