2021 Community Health Needs Assessment

Green Mountain Care Board Community Meeting December 5, 2022 | Rutland Vermont

Jamie Bentley, MPH
Community Impact Coordinator



2021 CHNA

COVID-19 changed CHNA timeline

2018
priorities
still areas of
significant
need

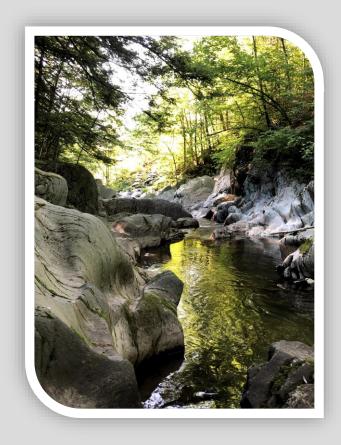
Supported by data crosswalk completed March 2020

Pandemic exacerbated current priority area need

Limited community capacity for intensive process



Identified Priority Areas



Supporting Aging Community

Housing as Healthcare

Mental Health

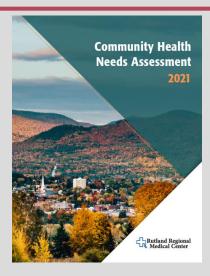
Childcare & Parenting

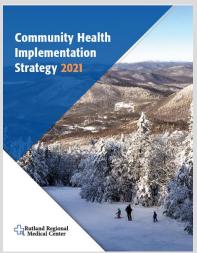


Overarching Themes

CHNA

- Health Equity
- Food Insecurity
- Workforce Capacity
- COVID-19 Impact





Implementation Report

- Health Equity
- Data Collection and Sharing
 - Multi-Faceted Approach
 - Workforce and Community Capacity



Bowse Health Trust

- RRMC funded grant program for Rutland Region
- Uses CHNA and Implementation Report to inform funding decisions
- Mission: To fund collaborative, community benefit programs that will measurably improve the health of the people in Rutland County.

- Funded Projects:
 - Come Alive Outside (2022)
 - Mobile Outdoor Passport App Development for Underserved Populations
 - Homeless Prevention Center (2021)
 - Multi-site Supportive Housing Services
 - Turning Point of Rutland County (2021)
 - Peer Recovery Outreach Program
 - Rutland Mental Health (2020)
 - Caregiver Support Program



Vermont Blueprint for Health Rutland Health Service Area

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Merideth Drude, MSW, LICSW, CCM Community Health Improvement Manager



Care Coordination

"Deliberately organizing patient care activities and sharing information among all the participants concerned with a patient's care to achieve safer and more effective care" – Agency for Healthcare Research and Quality

- Broad Care Coordination
 - Team Care
 - Patient Centered Medical Homes
- Specific Care Coordination
 - Patient Centered
 - Shared Care Plan
 - Home/Community Visits
 - Health Care Goals
 - Health Condition Education
 - Community Resource Connection
- Equal Focus on Direct and Indirect contact



Medicaid Expanded / No PCP

- Specific Care Coordination effort to support ACO attributed patients
- Broadened outreach to support all patients
- Collaboration with Emergency Department and Community Partners
 - Social Determinants of Health
 - Navigation of Supports
 - Health Education
 - "Right Care, Right Place"
 - "Why do I need a PCP"

Future Care Team

- Primary focus on patient engagement
 - Future Care Team development



CHT Pediatrics

- High Risk / High Complexity
- Caregiver Support
- Increased Care Coordination for Children in DCF Custody
- Limited Pediatric Specialty Care in Rutland HSA
 - UVMMC
 - DHMC
 - Boston Children's
- Limited Pediatric Community Supports
 - Mental Health
 - Childcare/ Afterschool Care
 - Developmental Assessments
 - CIS/Early Intervention
- Indirect Care Coordination



Accountable Community for Health

Rutland Community Executive Committee (RCEC)

- Executive Leadership
 - To be a healthy, thriving community
- Rutland Community Collaborative

Rutland Community Collaborative (RCC)

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Andrea Wicher, MSW
Director of Population Health & Quality
Community Health Center's of Rutland





The Rutland Community Collaborative is committed to improve the overall health of the Rutland community through appropriate utilization and access of healthcare services.

RCC Overview & Evolution

- The RCC is a network of leadership from all major healthcare providers in Rutland.
 - Hospital, primary care, home health, Skilled Nursing Facilities,
 Designated Agency, Supports And Services at Home, Council on Aging, Community Care Homes (Level III's)
- 2011 Started as Congestive Heart Failure Collaborative
- 2018 Transitioned to what it is today
- Before COVID versus after COVID
 - RCC played a key role & remained active during the pandemic



RCC Structure

Core Team

Maintains overall direction

Key Stakeholders

Pursues initiatives that transcend throughout the community

Sub-Committees

Behavioral health

Clinical Case Review

Education & Engagement

Palliative Care & Hospice

Community Centered Care Committee (C4)

Marketing

Stakeholder Meeting

100+ Invited

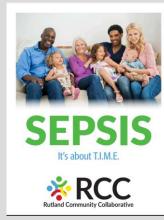
Forum to

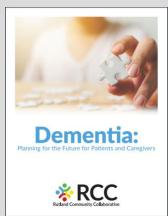
- Share organizational Updates
- Discuss community concerns
- Share sub-committee updates
- Pulse-Check on community needs
- Used as a Conduent to influence change



RCC Initiatives & Major Accomplishments

- Dr. Mark Levine Health Commissioner
 - Community presentation & forum on COVID early in the pandemic
- Multidisciplinary patient case reviews & care team conferences
- RCC Newsletters
- Training to improve community understanding around treating substance use disorders
- Palliative Care & Hospice community education events
 - Advance Directive Panel
 - Present non-branded education to the community
- Promote the use of a Shared Care Plan
- Right Care, Right Place Infographic and campaign





Patient Education Journals

- Heart Failure
- Dementia
- Sepsis
- Substance Use
 Disorder
- COPD
- Diabetes



RIGHT CARE, RIGHT PLACE.

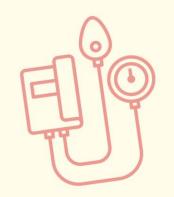
Call 911 for Critical Situations

WHEN SHOULD I GO TO...

PRIMARY CARE -

Contact your primary care office first for non-lifethreatening illness: chronic conditions, preventive health and acute illnesses

- Wellness Visits
- Chronic Health Conditions
- Physical Exams
- Screenings for Blood Pressure, Cholesterol, Diabetes
- Fevers, Sore Throat, Colds, Flu
- Vaccinations
- Headaches
- Allergies
- Rashes
- Vomitting/Diarrhea
- Minor Aches/Pains
- Urinary Tract Infections



URGENT CARE -

Minor illnesses when your provider is unavailable

- Minor Cuts Needing Stitches
- Sinus Infections
- Fevers, Sore Throat, Colds, Flu
- Ear Aches
- Pink Eye
- Burns
- Insect Stings
- Tick Bites
- Sprains
- Rashes
- Vomitting/Diarrhea
- Urinary Tract Infections

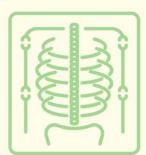




EMERGENCY DEPARTMENT -

Life-threatening emergencies or acute complications that need advanced imaging/testing

- Chest Pain or Discomfort
- Slurred Speech
- Numbness
- Shortness of Breath
- Fainting/Change in Mental State
- Severe/Uncontrollable Bleeding
- Severe Vomiting/Diarrhea
- Broken Bone (with deformity or open wound)
- Seizures
- Severe Abdominal Pain
- Severe Headache
- Severe Flu
- Weakness/Numbness on One Side
- Severe/Facial Cuts (that may require stitches)
- Serious Burns
- Head or Eye Injury
- Concussions
- Dislocated Joints
- Poisoning
- Vaginal Bleeding with Pregnancy





RCC Looking Ahead



2023 – Another evolution

- Align RCC goals with the CHNA
 - Health Equity Standard SDOH screening across the continuum
 - Mental Health & Substance Use
 - Aging Community
 - Housing
 - ► ED & Inpatient Utilization
- Restructure committees to align with community needs and interests
- Membership review ensuring key stakeholders are invited and engaged in collaborative work
 - Patient Centered Medical Homes
 - Independent providers
- Heavy turnover and workforce shortages are key considerations for the need to evolve



Come Alive Outside – Nature Rx

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Arwen Turner Executive Director

Myra Peffer Program Director

Haley Rice Program and Marketing Manager



Core Programs





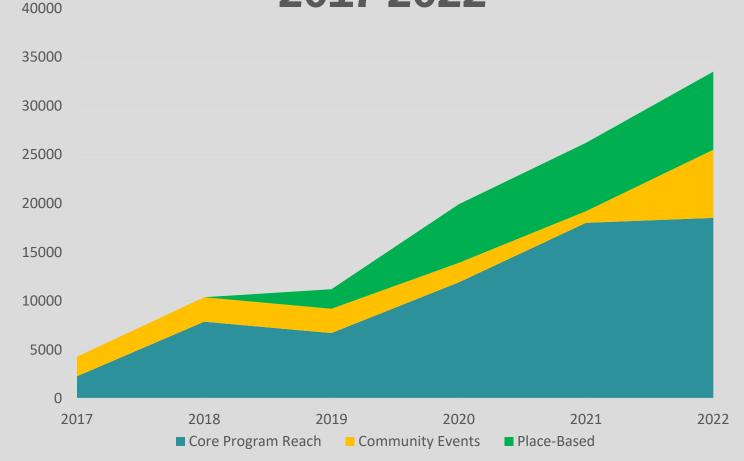






Outdoors For All

CAO Reach-Rutland County 2017-2022





Program Impact Data 2022









Children

- Increase in Physical Activity: 88%
- Increase in Mental Well-Being: 90%
- Increase in Time Outdoors: 85%

Adults

- Increase in Physical Activity: 92%
- Increase in Mental Well-Being: 98%
- Increase in time outdoors: 94%



The Evolution of NatureRx





- Funded as ParkRx as a Bowse Health Trust Program in 2017
- 2022: UVM compared our program to best practices around the country
- 2022: In Partnership with Community Health,
 CAO rolled out NatureRx
- 2022: Scientific America Journalist Jules Hotz
- 2023: Program will be done in conjunction with Farmacy, and CAO will be rolling out a healthcare employee version of the program
- 90% of NatureRx Participants continue in Come Alive Outside programs



Better Together



40+ Local partners



Come Alive Outside in Our Community

