

Community Health Needs Assessment Implementation Strategy

Fiscal Year 2017-2019

Approved December 12, 2016



The heart and science of medicine.

THE
University of Vermont
MEDICAL CENTER

The University of Vermont Medical Center and the University of Vermont Medical Group are committed to being a national model for the delivery of high-quality academic health care for a rural region whose vision is working together, we improve people's lives. Its mission is to improve the health of the people in the communities served by integrating patient care, education and research in a caring environment.

Although the UVM Medical Center serves a larger community of one million people throughout Vermont and northern New York, the 2016 Community Health Needs Assessment and Implementation Strategy considers the health needs of its primary health service area of Chittenden and Grand Isle counties in Vermont.



Executive Summary

The Patient Protection and Affordable Care Act requires non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and to adopt an Implementation Strategy to meet the significant needs identified in the assessment. The University of Vermont Medical Center reports compliance with these requirements annually on Schedule H (Form 990), which provides information on the organization's activities and policies of community benefit. The 2016 CHNA Community Steering Group identified ten needs, eight of which were chosen to be included in the Implementation Strategy, along with one additional need from the 2013 assessment. The Implementation Strategy details what the UVM Medical Center will address for each of those nine needs. Measurable outcomes for each of the tactics will be tracked and reported to an internal workgroup over the next three years.

CHNA Summary

A community steering group including representatives from eight community organizations planned and conducted the University of Vermont Medical Center's 2016 Community Health Needs Assessment over a two-year period. The committee collected and assessed data for the health service area of Chittenden and Grand Isle Counties of Vermont. The CHNA Community Steering Group considered input from people representing the broad interests of the community, including those with special knowledge of or expertise in public health, and residents of the communities within the health service area.

The assessment included a community-wide survey completed by 1,549 residents, one-on-one interviews with 27 community leaders, a community breakfast attended by 92 community members, and a focus group with low-income individuals.

Ten community needs were identified in the 2016 assessment (in alphabetical order):

- **Access to Healthy Food**
- **Affordable Housing**
- **Chronic Conditions**
- **Early Childhood and Family Supports**
- **Economic Opportunities**
- **Healthy Aging**
- **Mental Health**
- **Oral Health and Health Care**
- **Sexually Transmitted Infections and Teen Births**
- **Substance Abuse**

The workgroup selected nine needs for inclusion in the 2016 CHNA Implementation Strategy

(in alphabetical order):

- **Access to Healthy Food**
- **Affordable Housing**
- **Chronic Conditions**
- **Early Childhood & Family Supports**
- **Healthy Aging**
- **Mental Health**
- **Oral Health**
- **Removing Barriers to Care**
- **Substance Abuse**

Implementation Strategy Process

After the assessment was completed, the University of Vermont Medical Center formed an internal CHNA workgroup. The CHNA Internal Workgroup is charged with ensuring that the UVM Medical Center's CHNA process is compliant with requirements prescribed by the Affordable Care Act, and with tracking measurable outcomes for tactics included in the Medical Center's Implementation Strategy. In addition, the CHNA Internal Workgroup ensures that each of the tactics identified in the Implementation Strategy includes a focus on vulnerable populations.¹

The workgroup included one area of need from the 2013 CHNA, Removing Barriers to Care, a focus which the group felt is "part and parcel" of the Medical Center's work, particularly relating to vulnerable populations. The group did not select two of the ten 2016 community-identified needs:

- **ECONOMIC OPPORTUNITIES**

Although the CHNA Internal Workgroup acknowledged the University of Vermont Medical Center's role as a major economic engine within the community, the workgroup, and leadership and board agreed, decided that the Medical Center could more effectively lead the focus on other health-related identified needs.

- **SEXUALLY TRANSMITTED INFECTIONS AND TEEN BIRTHS**

The group agreed that while the trend for both these measures is moving in a negative direction, they represent a small percentage of the population whose needs are also, at this time, effectively addressed by community organizations.

The Implementation Strategy's Project Leadership team, led by Penrose Jackson, Director of Community Health Improvement, and Ricky Padgett, Director of Corporate Accounting, created a workgroup for each of the nine needs. Each workgroup was lead by an executive sponsor and included a wide cross-section of members including a senior leader, a patient and family advisor, a medical student or resident, a representative from the Vermont Department of Health, and other relevant hospital staff.

All nine workgroups met twice over the summer of 2016. Quality Consultants from the Medical Center's Jeffords Institute facilitated the workgroup meetings. During the first meeting, workgroup members discussed existing internal and external efforts relevant to their assigned need, and also suggested new ideas for programs while taking current service gaps into account. During the second meetings, workgroup members fine-tuned a global aim statement for their need, and developed at least one tactic for addressing that need. All tactics included potential community partners.

Additionally, community members convened at a Community Leader Breakfast on July 26, 2016 to contribute their experiences and ideas to inform the tactics of the workgroups.

Senior leaders of the workgroups approved and ranked the submitted tactics for each need area. Measurable outcomes for each of the tactics will be tracked and reported to the CHNA Internal Workgroup over the next three years. Multiple departments throughout the Medical Center will actively work on the Implementation Strategy tactics. Several of the needs identified are also included as focus areas of UVM Medical Center's Community Health Investment Fund, which grants out \$800,000 annually to community-based organizations. The UVM Medical Center's 2017 Strategic Plan includes three needs identified through this work: Chronic Conditions, Mental Health, and Substance Abuse.

For more information, please contact the Medical Center's Community Health Improvement Office at 802-847-2278.

Access to Healthy Foods Tactics

GLOBAL AIM STATEMENT

To improve nutrition, culinary literacy, and access to affordable healthy foods; to reduce food insecurity and/or to prevent obesity.

TACTIC #1

Develop a business plan for the expansion of culinary medicine,² to be completed by the end of FY 2017.

POPULATION:

Community members, providers, patients, employees and students

PARTNERS:

- Blue Cross Blue Shield of Vermont
- Chittenden Emergency Food Shelf
- Harvard Public Health
- Tulane University
- UVM College of Agriculture and Life Sciences
- UVM College of Medicine
- UVM College of Nursing and Health Services
- UVM Integrative Health
- Vermont Food Education Every Day

TACTIC #2

Increase community awareness of food insecurity through a “Food is Healthcare” campaign by the end of FY 2017. This campaign will describe what food insecurity really means, help remove the stigma, and bring light to the scope of the problem within our community.

POPULATION:

Residents of Grand Isle and Chittenden Counties, employees, and patients

PARTNERS:

- Farmers and food producers
- Hunger Council of Chittenden County
- Other Vermont hospitals
- Vermont Youth Conservation Corps

TACTIC #3

The UVM Medical Center will test a systematic screening tool to identify food insecurity, provide appropriate referrals to resources when results of the screening are positive, and take the learning from a pilot program to a broader population.

POPULATION:

PHASE 1: Pediatric patients ages 0-21 seen in a UVM Medical Center Pediatric clinic or on Baird 5

PHASE 2: Expand to our senior population

PARTNERS:

- Hunger Free Vermont
- Vermont Department of Education
- Vermont Department of Health

TACTIC #4

Use Wellness Biometric Screenings of Medical Center staff to explore how to incorporate screening for food insecurity into current workplace wellness initiatives accessible to all shifts, and provide a plan for referral or follow up after a positive screening by the end of FY 2018.

POPULATION:

UVM Medical Center employees

PARTNERS:

- United Way of Northwest Vermont
- Working Bridges

Affordable Housing Tactics

GLOBAL AIM STATEMENT

To improve housing retention, temporary emergency shelter and permanent supportive housing for the members of our community.

TACTIC #1

Continue to provide support for transitional and supportive housing and be available to evaluate new proposals and philanthropic opportunities as they are presented consistent with the Guiding Principles described in the January, 2016 plan, "Housing and Health Care; The University of Vermont Medical Center's Role in Local Housing". The Guiding Principles are: be consistent with both the UVM Medical Center Health Network and UVM Medical Center strategic plan, be data driven and financially prudent, focus on core business and not on becoming a landlord, consider support services and not just buildings, and remember two target populations: current patients and general population.

POPULATION:

Residents of Grand Isle and Chittenden Counties

PARTNERS:

- Burlington Housing Authority
- Champlain Housing Trust
- Chittenden County Homeless Alliance
- Community Health Centers of Burlington

TACTIC #2

The University of Vermont Medical Center will develop a business plan to explore the capacity (staffing and funding) and potential for expansion of Working Bridges, the LeRoyer Fund and NEFCU's Pay Day Advance Loans currently offered to its employees with consideration of philanthropic opportunities. Increased awareness of these programs will impact the volume of inquiries and subsequent requests to utilize these programs and services.

POPULATION:

University of Vermont Medical Center employees

PARTNERS:

- New England Federal Credit Union
- United Way of Northwest Vermont

TACTIC #3

Continue to participate on the Chittenden County Homeless Alliance and use this partnership to develop a business plan to evaluate the Community Health Team for potential expansion and enhancement to include community health workers and philanthropic opportunities.

POPULATION:

Families of Grand Isle and Chittenden Counties experiencing or at risk of homelessness

PARTNERS:

- Burlington Areas Ministerial Association
- Children’s Integrative Services
- Chittenden County Homeless Alliance
- Childcare centers
- Department for Children and Families
- Joint Urban Ministry Project
- KidSafe Collaborative
- Pediatric offices
- Schools
- Vermont Interfaith Action
- Working Bridges

TACTIC #4

Continue to participate as a member of the Building Homes Together collaborative which aims to develop 3,500 new units of housing in Chittenden County by 2020, with specific focus on vulnerable populations, such as the elderly, homeless, and at-risk families.

POPULATION:

Residents of Grand Isle and Chittenden Counties

PARTNERS:

- Building Homes Together
(leaders in the fields of housing, business, local and state government and social services)

Chronic Conditions Tactics

GLOBAL AIM STATEMENT

To enable positive behaviors in order to reduce the incidence and impact of chronic conditions for patients within our communities.

TACTIC #1

Explore a care-team model design for delivering high-value primary care that will support care coordination for our patient community.

POPULATION:

Patients with a University of Vermont Medical Center primary care physician, both adult and pediatric.

PARTNERS:

- Community Health Team
- Community based primary care providers
- Vermont Blueprint for Health

TACTIC #2

Develop a business plan for the expansion of culinary medicine, to be completed by the end of FY 2017.

POPULATION:

Community members, providers, patients, employees and students

PARTNERS:

- Blue Cross Blue Shield of Vermont
- Chittenden Emergency Food Shelf
- Harvard Public Health
- Tulane University
- UVM College of Agriculture and Life Sciences
- UVM College of Medicine
- UVM College of Nursing and Health Services
- UVM Integrative Health
- Vermont Food Education Every Day

Early Childhood and Family Supports Tactic

GLOBAL AIM STATEMENT

To improve the health of children and families by incorporating culturally-sensitive strategies that involve two generations and increase awareness and inclusion of Adverse Childhood Events (ACEs).³

TACTIC #1

The UVM Medical Center will create two business plans. The University of Vermont Medical Center will continue to develop and implement a pilot program aimed at preventing adverse childhood experiences (ACEs). The program will use a family-centered curriculum which will include a home visiting service. The UVM Medical Center will research and develop a second business plan for how the Medical Center will address the community-identified need regarding Early Childhood and Family Support.

POPULATION:

Residents of Grand Isle and Chittenden Counties

PARTNERS:

- Building Bright Futures
- Childcare Centers
- Children's Integrative Services
- Let's Grow Kids
- Parent-child centers
- Philanthropists

Healthy Aging Tactic

GLOBAL AIM STATEMENT

To enable the aging population to optimize health and to live a high quality of life.

TACTIC #1

Collaborate with community partners in order to provide improved access to, and better coordination among, existing community resources for the aging. Specifically, the concept of a principal case worker to coordinate services for elders will be explored. If endorsed, UVM Medical Center will lead or collaborate in the creation of a business plan as agreed by the collaborators. Additionally, UVM Medical Center will also explore the capacity of Community Health Improvement's existing programs to meet the needs of vulnerable adults.

POPULATION:

Adult residents of Grand Isle and Chittenden Counties (not limited by specific age but generally 50+)

PARTNERS:

- Alzheimer's Association
- American Association of Retired Persons
- Bayada
- Large employers (100+ employees)
- National Institutes of Health and National resources (Centers for Disease Control and Prevention)
- Support And Services At Home (SASH)
- United Way of Northwest Vermont
- Vermont 2-1-1
- Vermont Maturity Magazine
- Visiting Nurse Association of Chittenden and Grand Isle Counties
- Wellness programs

Mental Health Tactics

GLOBAL AIM STATEMENT

To increase awareness regarding mental health services and support for all ages.

TACTIC #1

Improve access to Inpatient and Outpatient mental health services closest to home for youth by creating a business plan to explore the feasibility of providing Inpatient child psychiatry and extended residential services in northwestern Vermont through a partnership with existing suppliers of these services in Vermont, upstate New York, and elsewhere in New England.

POPULATION:

Youth ages 0 to 24 years

PARTNERS:

- Howard Center
- Northeastern Family Institute
- UVM Department of Psychiatry
- Vermont Child Health Improvement Program
- Vermont Department of Mental Health
- Vermont Family Network
- Vermont Federation of Families for Children's Mental Health

TACTIC #2

Create a business plan to explore expansion of integrated mental health services in all primary care offices in Grand Isle and Chittenden County including an assessment of the need and resources necessary for implementation.

POPULATION:

Residents of Grand Isle and Chittenden Counties

PARTNERS:

- Community Health Team
- Primary Care Provider Offices
- Vermont Department of Health
- Vermont Department of Mental Health

TACTIC #3

Decrease the need for mental health services through community integration by creating a business plan to explore the feasibility and resource requirements needed to join the Rise VT collaborative, and become a backbone for the initiative in Grand Isle and Chittenden Counties.

POPULATION:

Residents of Grand Isle and Chittenden Counties

PARTNERS:

- Businesses
- Childcare centers
- Individuals
- Municipalities
- Schools

Oral Health Tactic

GLOBAL AIM STATEMENT

To improve the oral health of our community.

TACTIC #1

Develop a white paper on Dental and Oral Health Needs in Chittenden and Grand Isle Counties by the end of 2017.

POPULATION:

Residents of Chittenden and Grand Isle Counties

PARTNERS:

- Community Health Centers of Burlington
- Vermont State Dental Society

Removing Barriers to Care Tactics

GLOBAL AIM STATEMENT

To ensure all individuals have access to resources to receive the care and support they need to live healthy lives.

TACTIC #1

Develop a business plan to evaluate and quantify the need for community health workers, the scope of the practice and job requirements, and create the structure (model) to connect currently unconnected services, individuals and pockets of knowledge. Clinical professionals will be included in the design and development of the structure.

POPULATION:

Residents of Grand Isle and Chittenden Counties

PARTNERS:

- Age Well
- Association of Africans Living in Vermont
- Champlain Valley Office of Economic Opportunity
- Community College of Vermont
- Community Health Centers of Burlington
- University of Vermont
- Vermont Department of Health
- Vermont Refugee Resettlement Program
- Visiting Nurses Association

TACTIC #2

Continue to advocate for, raise awareness about, engage with and evolve existing collaboratives through our membership on the Environment Community Opportunity Sustainability (ECOS) group to raise the charge of “Transportation is Healthcare” via a collective impact framework for addressing the transportation needs within our communities which includes people with relevant lived experience. This may be done in phases, starting first by addressing transportation needs to medical appointments and then broadening the scope to address all transportation needs.

POPULATION:

Residents of Grand Isle and Chittenden Counties

PARTNERS:

- Business community
- Champlain Valley Office of Economic Opportunity
- Chittenden County Regional Planning Commission
- Committee on Temporary Shelter
- Faith-based communities
- Green Mountain Transit
- Special Services Transportation Agency
- United Way of Northwest Vermont
- University of Vermont
- Vermont Agency of Transportation
- Vermont Child Health Improvement Program
- Visiting Nurses Association of Chittenden and Grand Isle Counties

Substance Abuse Tactics

GLOBAL AIM STATEMENT

To improve the lives of people affected by substance abuse.

TACTIC #1

Develop a business plan to assess return-on-investment related to the expansion of existing support services available in the Medication Assisted Treatment program for families and increase wrap-around supports to patients within the UVM Medical Center.

POPULATION:

Residents of Chittenden and Grand Isle Counties

PARTNERS:

- Chittenden County Opioid Alliance

TACTIC #2

Train and support UVM Medical Center's primary care teams on treating patients affected by substance abuse in a primary care setting.

POPULATION:

Clinical and practice teams in Chittenden and Grand Isle Counties

PARTNERS:

- Blue Cross Blue Shield of Vermont
- Chittenden County Opioid Alliance
- Community Health Centers of Burlington
- Department of Vermont Health Access
- Howard Center
- Maple Leaf Treatment Center
- Vermont Blueprint for Health
- Vermont Department of Health

TACTIC #3

Support the Emergency Department and the Inpatient Units by creating guidelines to help individuals with substance abuse needs and offering treatment during longer stays.

POPULATION:

UVM Medical Center patients with substance abuse conditions

PARTNERS:

- Chittenden County Opioid Alliance
- Community Health Centers of Burlington
- Community Health Workers
- Department of Vermont Health Access
- Howard Center
- Insurers
- Maple Leaf Treatment Center
- Vermont Department of Health

TACTIC #4

Identify and help at-risk adolescents and youth by collaborating with schools and youth centers to develop evidence-based early intervention programs.

POPULATION:

0-24 year olds in Chittenden and Grand Isle Counties (adolescents and young adults)

PARTNERS:

- University of Vermont School of Medicine
- Vermont State School Nurses' Association

Glossary

1 VULNERABLE POPULATIONS

Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness. (From the American Journal of Managed Care, November 2006).

2 CULINARY MEDICINE

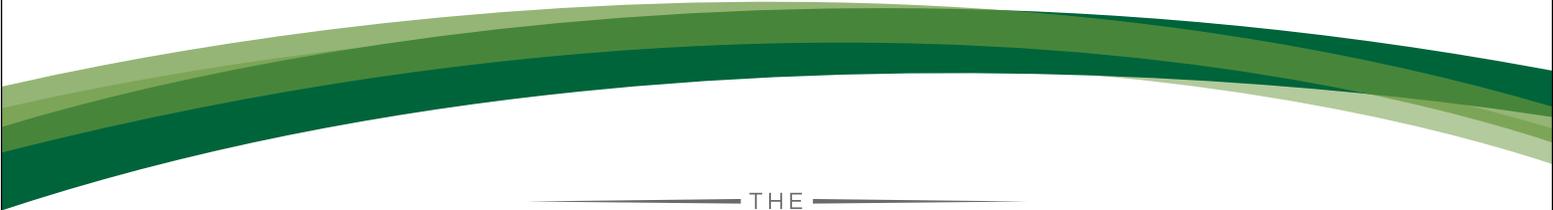
Physician training to teach about food: how to cook, what to eat, and how to help their patients improve their diet and, thereby, their health.

3 ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Centers for Disease Control/Kaiser Permanente Division of Research study showed childhood experiences, both positive and negative, have a tremendous impact on future violence, victimization and perpetration, and lifelong health and opportunity.

The FY17-FY19 Implementation Strategy is a three-year document, which will be tracked and monitored by an internal workgroup at the University of Vermont Medical Center. Annual updates will be posted on the UVM Medical Center's website and reported to the IRS on Tax Form 990.

For more information, please contact the Community Health Improvement Office at 802-847-2278.



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