MT. ASCUTNEY HOSPITAL
AND HEALTH CENTER
A Dartmouth-Hitchcock Affiliate

WINNER OF THE
Foster G. McGaw Prize
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A prestigious honor in healthcare

Mt. Ascutney Hospital & Health Center

Budget Presentation

Green Mountain Care Board
August 25, 2016

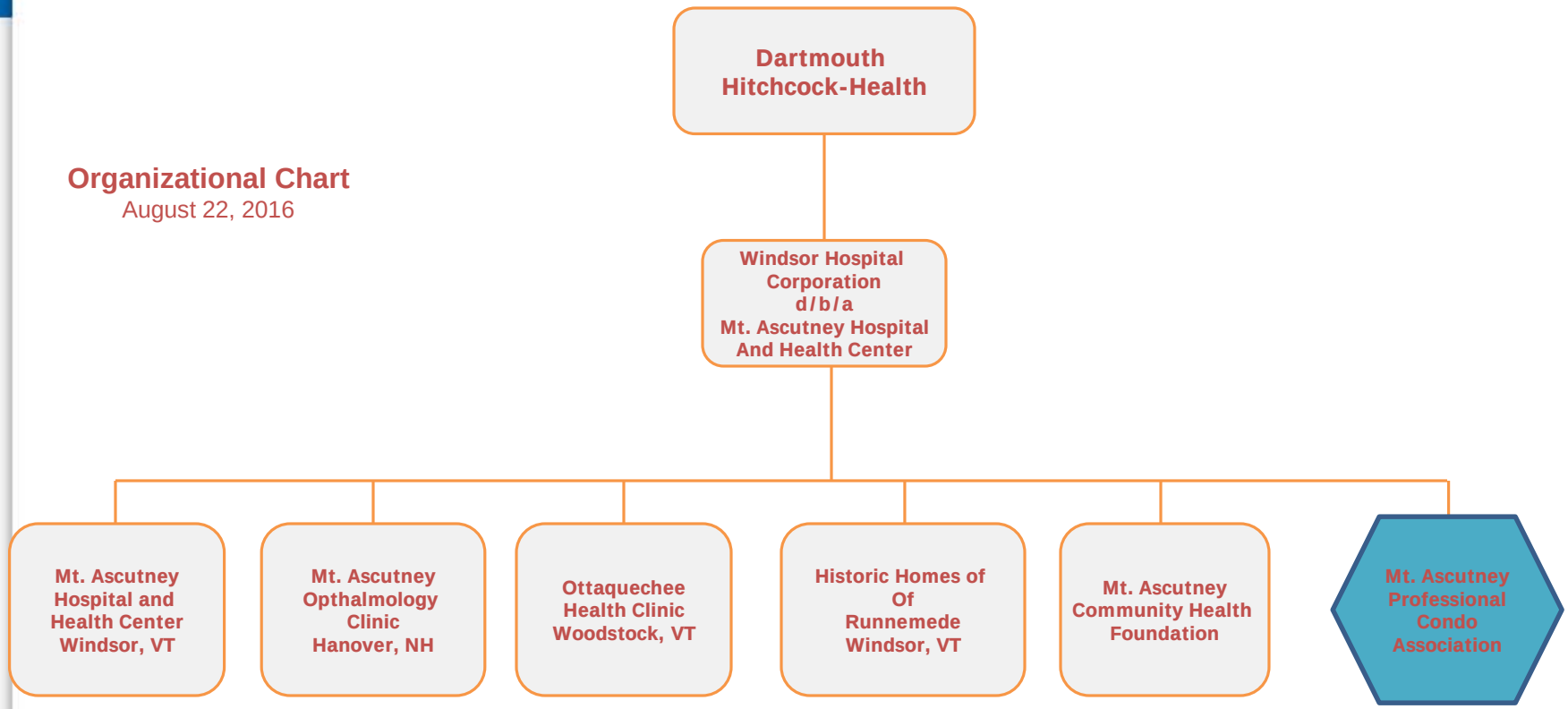
Presenting

- Gay Landstrom, Interim Chief Executive Officer
- David Sanville, Chief Financial Officer
- Joseph Perras, M.D., Chief Medical Officer
- Theresa Tabor, Controller
- Wendy Fielding, Vice President, Financial Planning

Dartmouth-Hitchcock Health

Organizational Chart

August 22, 2016



Legend

Tax Exempt Corporations

For Profit Corporations

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2017 Budget Initiatives

- Recognize ongoing changes related to affiliation
- Stable Infrastructure
- Changes in Reimbursement
- Changes in Healthcare Reform
- Strategic Planning

2017 Budget Initiatives (con't)

- Recognize ongoing changes related to affiliation
  - Quality
    - Adopting best practices
    - Sharing resources (Telemedicine, staffing, etc.)
    - Consolidation of risk, compliance, etc.
  - Access (Service Line Planning)
    - What are necessary community services?
    - Where are they now?
    - Where should they be?
    - Who does it best?

2017 Budget Initiatives (con't)

- Recognize ongoing changes related to affiliation
  - Expenses
    - Benefits (Stop loss, Pension, 403B, Health Benefits)
    - Purchasing (Insurance/Liability & GPO leverage)
    - Interest
    - Depreciation
  - Revenues
    - Loss of providers
    - Increase in sub-acute
    - Laboratory testing revenues

2017 Budget Initiatives (con't)

- Stable Infrastructure
  - Maintain IT and Financial system
    - Planning for Affiliation changes & Healthcare Reform
    - Monitoring necessary standards & expectations
  - Maintain Plant & Equipment
  - Staffing & Management
  - Primary Care and necessary support
- Changes in Reimbursement
  - Service Mix (Lab, Rad, Surgery, etc.)
  - More Sub-acute
  - More Medicaid (Nursing Home-like Patients)

2017 Budget Initiatives (con't)

- Changes in Healthcare Reform
  - Primary Care re-design
  - Tighten Expense Management
  - Service Delivery Changes
- Strategic Planning
  - People – wages, benefits, & wellness
  - Service – Primary Care, CARF, & Customer Satisfaction
  - Quality – Integration w/D-HH program & SSP measures
  - Finance – Margin goals for system & self
  - Programs – Service Line coordination with DHH

Budget Analysis Questions #1a

Mt. Ascutney continues to integrate with DH-H and this budget reflects that change in reimbursement, staffing, and utilization. Provide the GMCB with an overview of those changes. Explain the challenges and opportunities for MT. Ascutney in the next several years. What are the greatest risks with the 2017 budget?

- Changes
  - Clinical
  - Financial
  - Human Resource structures and programs
  - Employment of key positions

Integration with Dartmouth-Hitchcock System

Clinical

- Quality and Safety program consistency and governance
- Plan developed for Windsor/Woodstock services
- Short-term loss of some surgical and medical specialties; other services coming with goal of most care staying in community

Finance

- Refinancing of debt, savings on interest
- Financial analyst services
- Payroll, billing (future)

Human Resources

- Harmonizing policies & procedures
- Centralizing recruitment services
- Salary & Benefits (future)

Budget Analysis Questions #1b

The hospital is also examining other organization shifts with long standing providers in their community such as Stoughton House and Evarts House (licensed by the State of Vermont as residential care homes.)

- No changes are in the 2017 budget relative to this possibility
- There are no immediate commitments

Budget Analysis Questions #1c

Describe the integration with D-HH and explain the programmatic and operational shifts that are planned and/or underway. Describe the financial expectations for Mt. Ascutney going forward as it relates to the integration.

- CAH's should perform at 1-2% of operating margin
- Capital Spending at 114% of Depreciation Expense
- Average Age of Plant 10-13 Years
- ~~Entrance in DHOG (Completed 7/1/16)~~
- ~~Master Investment Program (Completed 7/1/16)~~
- Approval process for loans, budgets, partnerships

Budget Analysis Questions #1d

Describe the savings and costs for the integration that the hospital has experienced.

- Interest $150k with refinancing
- Insurance/Liability Coverage $72k
- Stop Loss Health Insurance $37k
- Investment Costs $30k (Below the Line)
- GPO costs as an affiliate (DH's pricing) being implemented currently
- FMV Depreciation ($238k)
- Increased costs for contracted employees in some cases

Budget Analysis Questions #2

The hospital's net patient revenues (NPR) are decreasing 0.7% from 2016 budget. This increase is an estimate based upon numerous utilization changes, reimbursement changes, and continued changes with patients' insurance coverage and free care….

See next slide…

Budget Analysis Questions #2a

The hospital shows a change in bad debt from 3% of gross revenues in Budget 2016 to 1% in Budget 2017. Describe those changes. Is free care policy changing?

- The hospital had reserved B/D conservatively for our EHR & Financial system conversion as described in previous hearings
  - Projected FY2016 annualizing at this level
  - Recoveries from B/D have been better than expected
  - Self pay as a % of GPR has been reduced 33% over 3 years
  - We have increased total reserves (C/A's) – Low risk
  - No change in the free care policy
- Total deductions, net DSH, are up 1.8% from B2016

Budget Analysis Questions #3

The GMCB is interested in understanding the changes occurring from budget to budget by payer. Explain your NPR changes at the budget hearing using the payer schedule provided in the staff's analysis.

- Commercial reduction is volume/service related
  - Lost good payer mix services, high ticket units of service
    - Loss of ENT & Orthopedics
    - Reduction of Gastroenterology volume with provider retirement
  - Reductions in Lab volume over last 2 years, good payer mix
    - New ordering protocols, testing, with D-HH Regional Lab Project
    - Loss of Rheumatologist

Commercial	**Gross Revenue**	$32,156,469	$28,914,631	$30,055,042	($2,101,427)	-6.5%		
	Allowances	($10,382,092)	($9,173,415)	($9,856,726)	$525,366	-5.1%		
	Bad Debt	$0	$0	$0	$0	0.0%		
	Free Care	$0	$0	$0	$0	0.0%		
	Disproportionate Share Payments	$0	$0	$0	$0	0.0%		
	Graduate Medical Education Payments	$0	$0	$0	$0	0.0%		
	Net Payer Revenue	**$21,774,377**	**$19,741,216**	**$20,198,316**	**($1,576,061)**	-7.2%	**$230,629**	**-$1,806,690**

Budget Analysis Questions #3

The GMCB is interested in understanding the changes occurring from budget to budget by payer. Explain your NPR changes at the budget hearing using the payer schedule provided in the staff's analysis.

- Medicaid increase is volume/service/mix related
  - 2.5% increase in Medicaid as a % of total business in 3 years
  - Increase of Medicaid as a % for Rehab, Sub-acute, & Clinic
  - Offset in part by Medicaid cuts

Medicaid	**Gross Revenue**	$11,978,284	$13,769,178	$14,328,799	$2,350,515	19.6%		
	Allowances	($8,164,735)	($9,300,165)	($9,861,571)	($1,696,836)	20.8%		
	Bad Debt	$0	$0	$0	$0	0.0%		
	Free Care	$0	$0	$0	$0	0.0%		
	Disproportionate Share Payments	$290,410	$187,766	$537,617	$247,207	85.1%		
	Graduate Medical Education Payments	$0	$0	$0	$0	0.0%		
	Net Payer Revenue	**$4,103,959**	**$4,656,779**	**$5,004,845**	**$900,886**	22.0%	**$72,945**	**$827,941**

Budget Analysis Questions #3

The GMCB is interested in understanding the changes occurring from budget to budget by payer. Explain your NPR changes at the budget hearing using the payer schedule provided in the staff's analysis.

- Medicare reduction is driven by the cost report, volume, and service mix
  - IP reimbursement being reduced by Medicaid % increase
  - Swing reimbursement being reduced by Medicaid % increase
  - Pro reimbursement being reduced by Medicaid % increase
  - IP Rehabilitation is not cost reimbursed, it's PPS-based

Medicare	**Gross Revenue**	$45,361,950	$45,243,582	$47,037,428	$1,675,478	3.7%		
	Allowances	($19,599,544)	($21,496,277)	($22,804,594)	($3,205,050)	16.4%		
	Bad Debt	$0	$0	$0	$0	0.0%		
	Free Care	$0	$0	$0	$0	0.0%		
	Disproportionate Share Payments	$0	$0	$0	$0	0.0%		
	Graduate Medical Education Payments	$0	$0	$0	$0	0.0%		
	Net Payer Revenue	**$25,762,406**	**$23,747,305**	**$24,232,834**	**($1,529,572)**	-5.9%	**$847,063**	**-$2,376,635**

Budget Analysis Questions #3a

The narrative discusses numerous shifts occurring in utilization. Describe the shifts the hospital is seeing by payer. Describe the reimbursement impacts as well as impacts on costs.

- See previous slides

Budget Analysis Questions #4

The hospital has budgeted a 2.4% operating loss that will be covered with a transfer from D-HH. Explain the plan here and whether this will be continued going forward. What is the rate of impact if the hospital has to increase rates in lieu of the transfer?

- A “System Allocation” payment of $1.2m will be made as a net asset transfer to MAHHC from D-HH
- “Payment” is below the line, Total Margin will improve
- Functionally, cash, most ratios, ability to invest in infrastructure, etc. will be like an operating margin of $0
- An additional rate increase of 2.8% needed to offset this
- Recognizes transition period of service lines allocation

Budget Analysis Questions #5

Describe the hospital's efforts with local mental health and other providers to strengthen community health services. Describe any successes and identify limitations of those efforts.

- In a prior year budget, we received permission to hire a full time psychiatrist to help address the burden in primary care
- While this has helped, there are still needs to be met
- We have created a mental health providers brochure to improve access/awareness to local mental health counselors

Budget Analysis Questions #5 (con't)

Describe the hospital's efforts with local mental health and other providers to strengthen community health services. Describe any successes and identify limitations of those efforts.

- CHNA implementation plan addresses partnership in this area
  - Partnering with Community Health Quality Improvement Groups:
    - Windsor Area Drug Task Force
    - Windsor Area Committee Partnership
    - PATCH Team
    - Windsor HSA Coordinated Care Committee
  - HCRS
    - Crisis management & CHT - Interagency Care Management
    - Improved patient access for patients through P/T embedded positions in our adult clinic

Budget Analysis Questions #5 (con't)

Describe the hospital's efforts with local mental health and other providers to strengthen community health services. Describe any successes and identify limitations of those efforts.

- Primary challenges:
  - Lack of psychiatrists
  - Lack of psychiatric inpatient beds
  - Rising community complexity and acuity

Budget Analysis Questions #5 (con't)

This chart shows the growth in the number of clients served since 2001, which highlights the demand for pediatric mental health services in particular as well as a sustained demand for substance abuse treatment.

Source: Vermont Agency of Human Services, Department of Mental Health, FY 2015 Statistical Report

NUMBER OF CLIENTS SERVED: FY 2001 – FY 2015
by Clients' Primary Program Assignment

Fiscal Year	Children's Services	Adult MH Outpatient	Community Rehabilitation	Substance Abuse	Unassigned	State Hospital
2001	8,670	7,189	3,259	4,357	2,136	244
2002	8,967	7,345	3,296	5,217	2,218	254
2003	9,749	7,130	3,210	5,087	2,360	234
2004	10,040	7,120	3,205	5,101	2,396	231
2005	10,122	6,936	3,145	4,495	2,898	218
2006	9,812	6,631	3,154	4,985	2,540	216
2007	9,609	6,384	3,109	4,515	1,887	231
2008	9,627	6,614	3,076	4,548	1,950	255
2009	9,665	6,448	3,073	4,536	2,270	246
2010	10,541	7,015	3,013	5,004	3,459	261
2011	10,048	6,541	2,952	5,125	4,321	254
2012	9,783	6,366	2,769	5,101	5,485	87
2013	10,374	6,826	2,752	5,395	5,668	26
2014	10,490	6,752	2,726	5,137	5,411	36
2015	10,585	6,685	2,704	5,363	5,205	67

Budget Analysis Questions #6

Explain why FTEs are shifting and now being paid as contracted employees.

- We have always had contracted labor
  - Traveling nurses, respiratory therapists, etc.
  - “Rented” providers and staff
  - Other contracted personnel
- The affiliation is providing much of the impetus for the increase
  - Sharing of management and leadership
  - Sharing of expertise
  - Building Labor Pools
  - Consolidating Functions

Budget Analysis Questions #7

The hospital is requesting a 4.9% overall rate increase that will be applied to 5 different service categories as outlined on page 2. Are these the rates that are negotiated with commercial payers? Describe the strategy and basis for this increase.

- These rates are established based on the expected expense, the market, and organizational strategy.
- Since contracted commercial payers do not pay charges, these gross increase rates are not negotiated
- The payers do not want to pay the % increase
- By staying within market expectations, we are likely to not lose ground on our current arrangements

Budget Analysis Questions #8

Are the FY 16 projections for net revenues, expenditures, and surplus as reported still valid? If not, describe any material changes.

- The FYI 16 projection of -$424,000 is still valid
- Through June we were $90,000 ahead of budget
- We lost 2 surgeons and another provider in June
- July through September are usually 3 strong months
- We lost $220,000 in July, our first month without these providers

Budget Analysis Questions #9

What is CHT funding?

- CHT is the Community Health Team.
- The Community Health Team are nurses and social workers/case managers who provide Care coordination, Education about health conditions and health life styles, care management, assessments, interventions related to self-management, counseling and life style changes.
- They also do home visits, see patients in the clinics and via telephone.
- It is funded from Vermont's major public and commercial payers.

Capital Budget

Capital Budget	2014 A	2015 A	2016 B	2016 P	2017 B	2018 Plan	2019 Plan	2020 Plan
Non-Certificate of Need Capital Plans Total	$ 1,526,245	$ 915,276	$ 2,376,200	$ 2,545,700	$ 3,085,000	$ 2,877,000	$ 1,647,000	$ 1,063,000
Certificate of Need Capital Plans	$ 308,187	$ 4,986,851	$ 303,963	$ 303,963	$ -	$ -	$ -	$ -
Total Capital Purchases	$ 1,834,432	$ 5,902,127	$ 2,680,163	$ 2,849,663	$ 3,085,000	$ 2,877,000	$ 1,647,000	$ 1,063,000

- CON will be completed this calendar year
- 2017 Budget - CT Scanner, routine equipment & facilities
- 2018 Budget – Radiology Room, routine equipment & facilities
- 2019 Budget – Ultrasound, Rad Room, routine equipment & facilities
- 2020 Budget – Routine equipment & facilities

Certificate of Need Update:

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Certificate of Need Update:

Phase I – Repurpose Nursing Home into Inpatient Rehabilitation Unit

Completed July 2015

Phase II – Repurpose Rehab Unit into OP Therapy Gym, Pharmacy, etc.

Completed December 2015

Phase III – Reconfigure Existing semi-private, non-Rehab Acute to Private Rooms

Completed December 2015*

Phase IV – Repurpose OP Therapy to Provider and/or Clinic Space

To be Completed December 2016

Cost Variance compared to CON Submission = +8%

CHNA Status and Plans

- Last updated in 2015
- Integrated with Strategic Plan
- See next slides…

PAST WINNER OF THE
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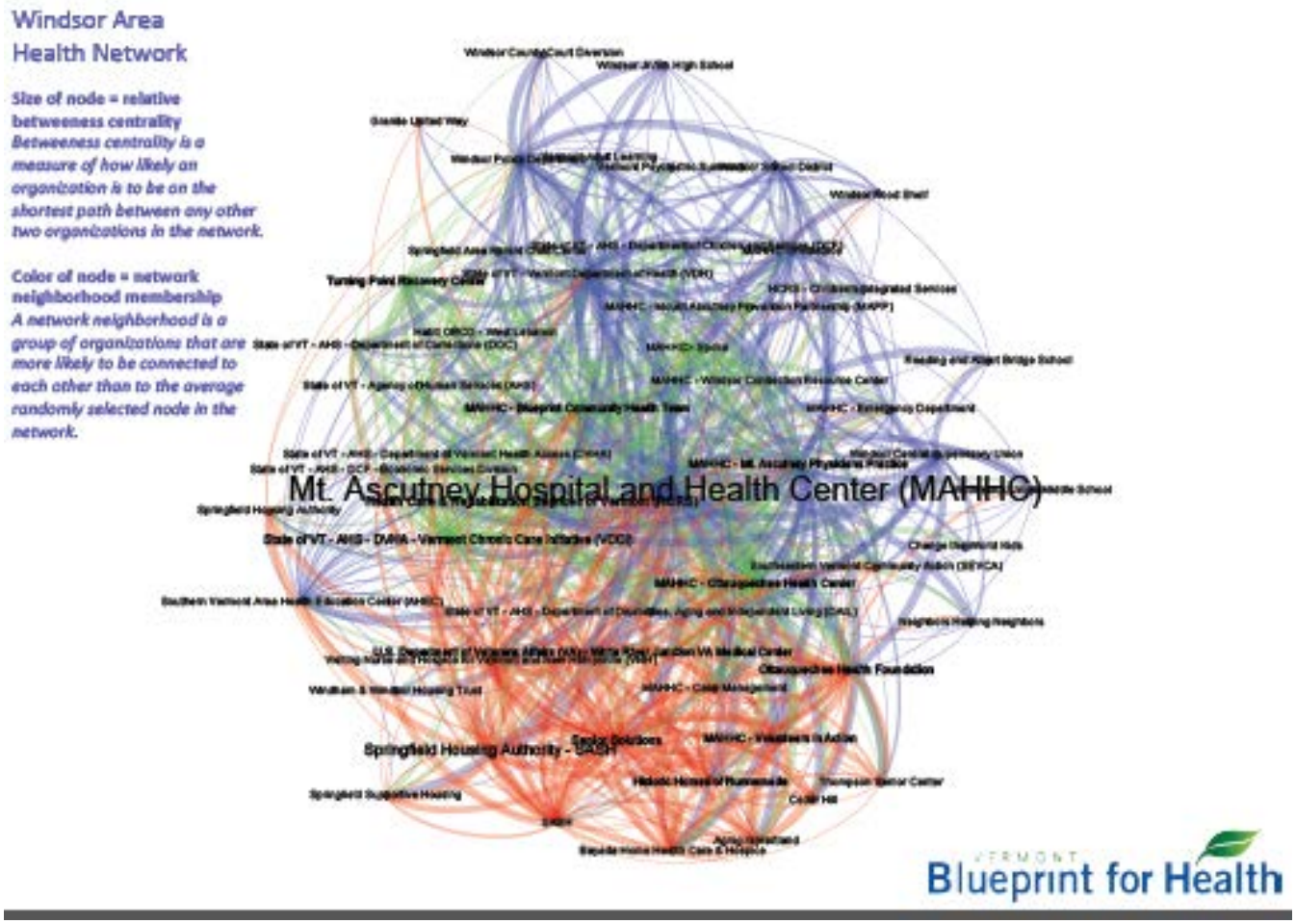
for community service

A prestigious honor in healthcare

MT. Ascutney Hospital and Health Center was honored with the Foster G. McGaw Prize for Excellence in Community Service, one of the most esteemed honors in healthcare. The organization was selected from over 100 applicants for its innovative programs that significantly improve the health and well being of the towns they serve.

Community Collaboration and Partnerships



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Community Health Needs Assessment (CHNA)

2015 Areas of Need:

1. Alcohol and Drug Misuse Including Heroin & Use of Pain Medications (was #4 in 2012)
2. Access to Mental Health Care (was #6)
3. Access to Dental Care (was #5)
4. Access to Affordable Health Insurance and Cost of Prescription Drugs (was #8)
5. Nutrition/Access to affordable Health Food (was #7)

Health Care Advocate Questions #1

*If you included a rebasing in your proposed budget, why do you believe the Green Mountain Care Board should agree to rebase your budget? How do you plan to contain your growth going forward?

- We have not been asked to rebase our budget for FY2017.

Health Care Advocate Questions #11

*For all community benefits that you listed on your Form 990 Schedule H, what is the dollar amount you are budgeting for each benefit by year (FY14 Actual, FY15 Actual, FY16 Budget, FY16 Projection, and FY17 Budget)?

Schedule H, Community Benefits

			FY14A	FY15A	FY16B	FY16P	FY17B
A	FINANCIAL ASSISTANCE AT COST	Charity	695,837	393,325	**	**	**
B	MEDICAID	Unrein	2,501,744	4,198,020	4,280,264	4,057,226	4,565,378
C	COSTS OF OTHER MEANS TESTED GOVERNMENT PROGRAMS	n/a	-	-			
D	TOTAL	total	3,197,581	4,591,345	4,280,264	4,057,226	4,565,378
	COMMUNITY HEALTH IMPROVEMENT SERVICES AND						
E	COMMUNITY BENEFIT OPERATIONS	Use of	348,179	215,283	**	**	**
F	HEALTH PROFESSIONS EDUCATION	Studer	55,104	58,939	**	**	**
G	SUBSIDIZED HEALTH SERVICES	Acute	5,113,540	5,909,551	6,261,258	5,721,041	7,010,642
H	RESEARCH	n/a	-	-	-	-	-
I	CASH AND INKIND CONTRIB FOR COMMUNITY BENEFIT	Donati	7,337	8,410	5,299	6,359	7,000
J	TOTAL	total	5,524,160	6,192,183	6,266,557	5,727,400	7,017,642
K	TOTAL	total	8,721,741	10,783,528	10,546,821	9,784,625	11,583,019

** buried within budget detail, not specifically budgeted for

Health Care Advocate Questions #12

*What is your current level of community benefit as a percentage of revenues?

Community Benefit as % of Net Revenue, (excluding Medicaid underpayment)

	FY14A	FY15A	FY16B	FY16P	FY17B
Total Net Revenues	44,459,623	45,132,772	47,770,461	46,424,380	47,207,083
Total Community Benefit	6,219,997	6,585,508	6,266,557	5,727,400	7,017,642
Community Benefit as % of Revenue	13.99%	14.59%	13.12%	12.34%	14.87%

Community Benefit as % of Revenue

	FY14A	FY15A	FY16B	FY16P	FY17B
Total Net Revenues	44,459,623	45,132,772	47,770,461	46,424,380	47,207,083
Total Community Benefit	8,721,741	10,783,528	10,546,821	9,784,625	11,583,019
Community Benefit as % of Revenue	19.62%	23.89%	22.08%	21.08%	24.54%

Health Care Advocate Questions #12a

*What percentage level are you willing to commit to on an ongoing basis?

- 20%

Health Care Advocate Questions #12b

*Please provide a detailed breakdown of the programs and other components you include in your community benefit calculation.

Community Health improvement services & Community Benefit Operations	FY14A	FY15A
Windsor Community Health Clinic	7,716	5,808
School Nurse Program/Athletic Trainer	54,472	27,596
Community Outreach	9,962	9,042
Medical Support of Community Events	13,730	4,811
Community Flu Shots	97,028	2,344
VT100- Provided Medical Services	13,738	16,332
Support and Services at Home (SASH) Program	18,200	13,494
Director of Community Health Activities	87,128	100,341
Support Group Space Donation	19,423	18,933
Daring To Care Program and Volunteers In Action	26,782	16,582
Worksheet total	**348,179**	**215,283**

Note: We do not specifically budget by community benefit program and are reporting Actual amounts in the past two complete fiscal years. Much of this is "baked" into departmental budgets and programs.

Health Care Advocate Questions #16

*What percent of your employed primary care providers are participating in the Hub and Spoke program?

- 100% Employed Primary Care providers participate
- 3 Providers prescribe medication & assisted therapy
  - 2 pediatricians
  - 1 Internal Medicine
- Two locations, Windsor and Woodstock.

Health Care Advocate Questions #16a

*What is the average number of substance abuse patients that those providers treat?

- Number of total substance abuse patients treated is unknown
- Active Patients, in program, with Assisted Therapy & Medication for the 3 specific providers:
  - Internal Medicine Provider ~ 10-12 Patients
  - 2 Pediatricians ~ 8-10 patients, each

Health Care Advocate Questions #16b

*How many additional providers would be required to fully meet your community's needs in a reasonable amount of time?

- No major additions are needed
- There are other providers in our HSA who are not employed by MAHHC who participate in this program.
  - Dr. Fred Lord
  - Green Mountain Family Practice
  - Habit OPCO
- There is no waiting list currently

Health Care Advocate Questions #16c

*If your hospital is involved in any medication assisted treatment programs, do you have any information on your costs for these programs versus savings to your hospital?

- MAHHC manages this program as well as a number of other programs within the confines of our Primary Care Clinics
- We do not manage a separate budget per se
- We fund a most of the estimated costs via Hub and Spoke
- The remainder is funded by in kind from the hospital
- Costs are not entirely/specifically tracked

Health Care Advocate Questions #17

*Please explain to what extent mental health patients presenting at your Emergency Department impacts your budget?

- 1,200 hours or .6 FTEs for sitters, cost of $23,000
  - Much of this is paid at overtime and off shift rates
  - The additional staffing might be an RN, a clinical worker, a non-clinical sitter, or even law enforcement.
- Boarders reduce CAH's cost-based reimbursement
- Incidentals
- Boarding experience for patients awaiting IP transfer

Health Care Advocate Questions #17

*Please explain to what extent mental health patients presenting at your Emergency Department impacts your budget?

- Mental Health patient are 5% of our ER volume
  - 13% of total treatment time
  - Average “stay” is 9.2 hours vs. non-mental health average of 2.0 hours
  - Top 10 accounted for 615 hours or an average of 2.5 days each
  - Longest stay went 8 days

Health Care Advocate Questions #17a

*Please explain how mental health patients are handled when they present to your Emergency Department or other triage location, including a description of any holding or isolation areas that you use, and how often you expect to use this type of area in FY17.

- They are screened and triaged appropriately.
- If needed, HCRS is contacted to provide a crisis evaluation.
- Patient is treated & managed within ER safe rooms (video)
- Sitters are called in if needed
- It may take up to 7 days to obtain an IP bed for the patient.

Health Care Advocate Questions #17b

*How do you train your security staff, contracted or in-house, on handling situations involving people experiencing mental health crisis? If some security staff members have been trained but not all, please explain which ones and why.

- MAHHC staff has received training from HCRS
  - Staff in the ER, Security/Facility & Inpatient Services
  - Other staff may also receive this training as requested/required
- Training in management of aggressive behavior ("MOAB")
- 2 employees are Certified MOAB trainers

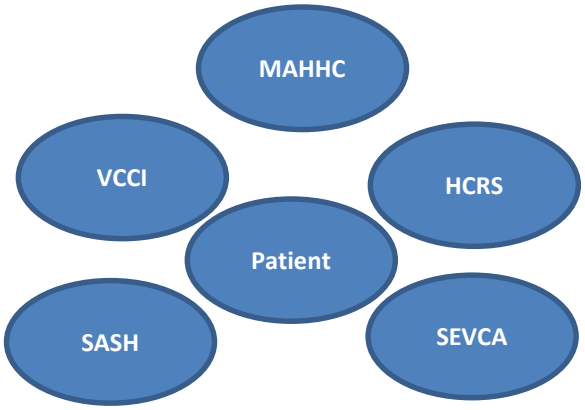
Questions?

Population/Community Health at MAHHC

- Community Health is embedded in our Mission and our Strategic Plan
- We have built and infrastructure to operationalize our commitment
  - Community Health Board Subcommittee
  - Director of Community Health
  - Director of Community Health Outreach
- Leadership role in building community networks
  - Windsor HSA Coordinated Care Committee
  - Windsor Area Community Partnership
  - Windsor Connection Resource Center and PATCH Team
  - Mt. Ascutney Prevention Partnership
  - Windsor Area Drug Task Force
- Continuum of care from prevention to chronic care management as an Accountable Community for Health

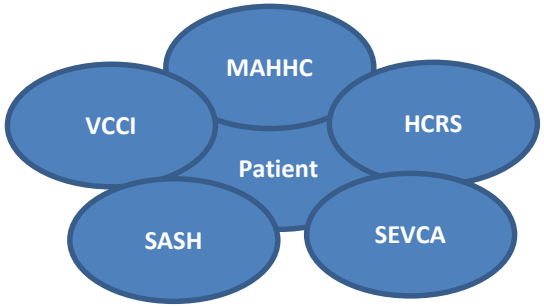
Interagency Care Coordination and Management

From



5 Case Managers
+ 5 Separate Care Plans
More work for everyone
Duplication of services
Gaps in services

To



1 Lead Care Coordinator
+ 1 Joint Care Plan
All working together with patient centered goals

Meeting Community Needs

Alcohol and Drug Misuse:

- Partnering with HCRS: PATCH network, Interagency Care Management, Drug Task Force, Peer Learning Collaborative, etc.
- Windsor-area Drug Task Force

Access to Mental Health Care:

- Hired FT psychiatrist and HCRS counselor, embedded in Patient Centered Medical Home
- Brochure of local mental health counselors – Windsor & Woodstock
- HCRS will place clinician in pediatric clinics – Windsor & Woodstock

Community Health Needs Assessment Examples of Program Initiatives

Alcohol and Drug Misuse Including Heroin and Use of Pain Medications

- Blueprint CHT and Spoke Staff providing counseling, care management and care coordination in 4 sites
- Pediatric practice medication assisted treatment for addicted moms
- Screening, Brief Intervention and Referral to Treatment (SBIRT) training started with support from BCBS
- Chronic Pain Workshops
- Formation of multidisciplinary functional recovery team for pain patients
- Community education programs
- Community prevention programs

Meeting Community Needs

Access to Dental Care

- School screening program – sealant for young teeth
- Pediatric visits 6 mo-5 yrs – screening, fluoride varnish

Access to Affordable Health Insurance and Cost of Prescription Drugs:

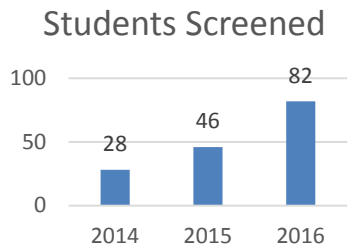
- DH purchasing power
- 340b

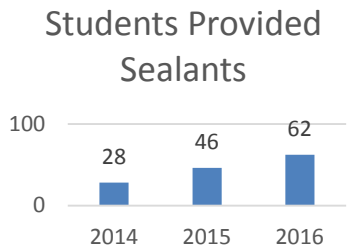
Nutrition/Access to Affordable Healthy Food:

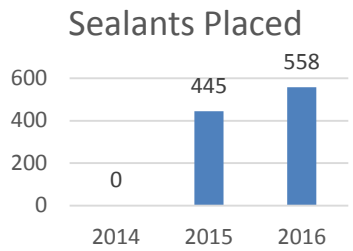
- Major employer – wellness and nutrition programs
- Partnership with local church/food pantry

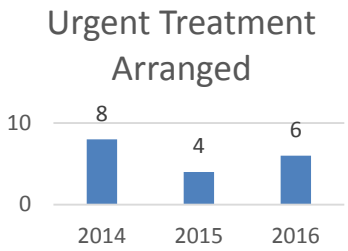
Community Health Needs Assessment
Examples of Outcomes – Access to Dental Care

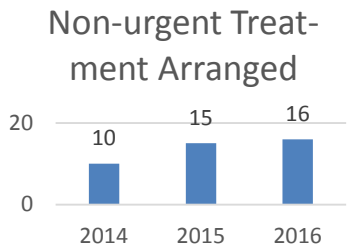
- Dental Clinics Provided in the Schools





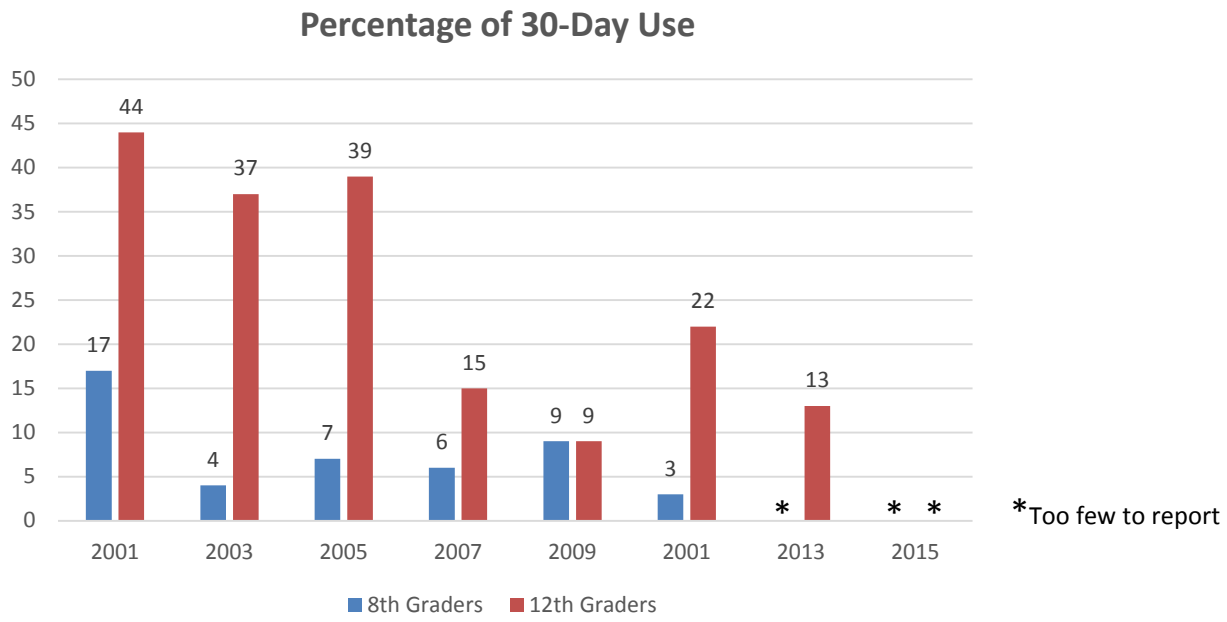






- Pediatricians provide oral risk assessments and fluoride applications during well-child visits from age 6 months to 5 years

Community Health Needs Assessment
Examples of Outcomes – Tobacco Prevention



- Programs provided—prevention education, youth training for peer-to-peer outreach, Vermont Kids Against Tobacco (VKAT), Kick Butts Day, Tobacco Litter Campaign and Counterbalance