

Community Health Needs Assessment: Implementation Strategy

May 30th, 2013



University of Vermont Medical Center's Implementation Strategy

The University of Vermont Medical Center's (formerly known as Fletcher Allen Health Care) 2013 Community Health Needs Assessment (CHNA) was conducted over a two year period for the health service area of Chittenden and Grand Isle counties. A community health assessment steering committee planned and guided the assessment. The committee included representatives from UVM Medical Center, Visiting Nurse Association of Chittenden and Grand Isle Counties, Vermont Department of Health, and the Community Health Centers of Burlington.

UVM Medical Center's Health Service Area (HSA) includes Chittenden and Grand Isle counties, as well as a few outlying towns in Lamoille and Franklin counties. For the purpose of this assessment, data collection efforts focused on Chittenden and Grand Isle counties. The Health Service Area is determined by the State of Vermont and is based on the residence of inpatient discharges.

The CHNA took into account input from persons representing the broad interests of the community, including those with special knowledge of or expertise in public health. Opinions were acquired through input provided by the Steering Committee, 17 Key Leaders interviews, 5 focus groups, and a community survey of 1,345 respondents. Quantitative data were collected for 63 community indicators. This assessment looked at both traditional health needs along with the social determinants of health.

The Community Health Assessment Steering Committee determined from the results of the University of Vermont Medical Center's (formally Fletcher Allen Health Care) 2013 Community Health Needs Assessment that several areas of need offered opportunities for focused funding efforts in the UVM Medical Center Health Service Area (Chittenden and Grand Isle counties), to wit:

- The language and cultural challenges of New Americans.
- Transportation for easier access to health care, child care, and healthy foods.
- Health Care:
 - Access to dental care,
 - Access and availability of mental health care, especially for youth, and
 - Health literacy and resources to understand the health care system.

The Steering Committee recommended these priorities to UVM Medical Center's Community Benefit Committee (CBC), which oversees the Community Benefit Fund. The Committee includes six UVM Medical Center employees and six community members and is chaired by UVM Medical Center's Chief Medical Officer. The Committee reviewed the recommendations and supporting data, and agreed upon five priority community health needs. The priority areas (in alphabetical order) are:

- Access to Food and Good Nutrition
- Dental Health (especially children)
- Mental Health (especially children)
- Removing Barriers to Care (Transportation, Language, Affordability)
- Senior Issues (Safety, Caregiving, Well-Being)

How UVM Medical Center Plans to Address Identified Needs

UVM Medical Center Health Care developed four primary ways to implement a plan around the above areas:

- Community Benefit Committee oversight of the Community Benefit Fund,
- Community Health Improvement programs,
- Community Health Team direct support to patients, and
- Community involvement by UVM Medical Center.

Community Benefit Fund

Approximately \$725,000 appropriated annually by the Community Benefit Committee. All funding efforts moving forward for FY14-FY16 will focus on the five priority areas identified in the CHNA, noted above.

Community Health Improvement

This UVM Medical Center office (\$1.3 million budget), serves a variety of populations and age groups, from the Early Hearing Detection Intervention program for newborns to the Falls and Fires program for at-risk seniors. The office partners with other non-profits, businesses, community leaders and governmental agencies to offer a multitude of programs and educational offerings in an effort to improve the health of the communities UVM Medical Center serves.

Community Health Team

In 2010, the Vermont Legislature passed Act 128, which in part provides that Medicaid and Vermont's three major commercial insurers will provide funds to support primary care clinics recognized by the National Committee on Quality Assurance as Patient Centered Medical Homes. Funds are paid directly to the clinics by the insurers on a "Per Member Per Month" basis and to 14 Health Service Area lead organizations (13 hospitals and one Federally Qualified Health Center) to staff Community Health Teams which provide patients and clinics with no-cost supports. In 2011, the Centers for Medicaid and Medicare Services awarded Vermont a Multi-Payer Advanced Primary Care Practices (MAPCP) grant which allows for the use of Medicare funds for these purposes as well.

In FY09, UVM Medical Center received funding to support CHT services at two adult internal medicine clinics, its own Aesculapius Medical Center and the community-based practice owned by Dr. Eugene Moore. In FY12, Act 128 and MAPCP funding made it possible to expand CHT supports to all primary care practices in its Health Service Area. The CHT now supports 29 clinics with a total patient population of nearly 160,000. The CHT is led by a nurse and includes nurses, social workers, registered dietitians, health educators and contracts with area fitness centers to provide fitness testing and training. Providers refer patients who have or are at risk for developing chronic illness to the Team. The Team's success began during the pilot phase and continues to this day. In 2012, 74% of the patients referred were subsequently served (5,429 people). Of those whose goal included specific measures, the Team saw the following patient success (measured six months following "graduation" from the program):

- 85.7% improved Hemoglobin A1c measures,
- 63% maintained weight loss, and
- Nearly 70% improved blood pressure (systolic) measures.

Community Involvement

UVM Medical Center partners in community-wide planning efforts that dovetail with the CHNA. Collaborating partners are mentioned where appropriate in the initiatives described below. Several Community Benefit



Committee members participate on the steering committee of the ECOS project, which is a multi-stakeholder group representing all 19 municipalities in Chittenden County as well as 40 non-profit, institutional and governmental agencies and organizations. The ECOS project is designed to prioritize and implement regional sustainable community development initiatives. Many staff serve on the boards of other mission related community organizations and planning groups. In partnership with United Way of Chittenden County, UVM Medical Center has also begun examining how the collective impact process can help develop solutions to complex community problems through shared goals and activities with other community agencies.

Access to Food and Good Nutrition

Why address it? Obesity rates continue to climb in UVM Medical Center's Health Service Area, as well as across the nation. The percentage of children participating in the free and reduced school lunch program in Chittenden County (51.5%) and Grand Isle County (49%) are notably higher than Vermont's average (37.9%) and the nation (42%). Access to affordable healthy food was cited by key leaders, focus group participants and survey respondents as an important need in the community. Obesity prevention and adequate nutrition for children were also seen as high needs.

Action/Implementation Strategy:

- Past and present Community Benefit funding of:
 - UVM Medical Center's support of the United Way of Chittenden County's Health Impact area funds programs that are committed to making sure that every person in the community can achieve optimal health and personal safety through access to care, a safe and caring home, and good nutrition.
 - UVM Medical Center will continue to support several food and nutrition efforts. Past examples include a grant to Vermont Works for Women in support of Fresh Food, which services high-quality lunch and snacks to low-income children at participating childcare centers; seed money to start an organic garden at Smilie Elementary school and an exercise and nutrition program through the YMCA at Winooski Elementary school.
- Ongoing programs:
 - UVM Medical Center is committed to serving fresh, locally produced, minimally processed foods to patients, staff and families. The Center for Nutrition and Healthy Food Systems was recently established to educate other health care institutions about building a sustainable food service. UVM Medical Center is a signatory for Healthy Foods in Health Care initiative.
 - Healthsource Community Education series features several nutrition and healthy cooking classes each year.
 - UVM Medical Center staff serve on Hunger Free Vermont's Hunger Council, as part of the Community Hunger Project. The Council has been instrumental in expanding access to 3SquaresVT statewide, in passing state legislation to provide free breakfast to all low-income students in Vermont and in passing the 2009 Child Nutrition Omnibus bill that helped feed children during the summer, in school and in afterschool programs.
- New initiatives and future plans:
 - The Community Benefit Committee will explore additional opportunities to leverage funding in this area for FY13-FY16.

Anticipated Impact:

UVM Medical Center Health Care anticipates increased awareness of and availability and access to food and good nutrition by people throughout the community, and particularly those served directly by UVM Medical Center's programs and those of its partners.

Dental Health (Focus on Children)

Why address it? In Chittenden County, almost 20% of adults do not use the dental health system. That number rises to 23% in Grand Isle County. The percentage of children on Medicaid in Grand Isle County mirrors the state average, at 42% (29% in Chittenden County) which is almost double the U.S. average. Dental health needs were cited in focus groups, key leader interviews and the community survey as a high community need. This includes access to dental health providers, affordable dental health treatment and education.

Action/Implementation Strategy:

- Past and present Community Benefit funding of:
 - The Community Health Centers of Burlington for their sliding fee program in the dental clinic.
 - The Burlington School District's Tooth Tutor program, which ensures that every child has access to preventive, restorative and continuous care in a dental office.
 - UVM Medical Center's Health Assistance Program for assistance with income eligible community members for dental health needs.
- Ongoing programs:
 - UVM Medical Center provides oversight and support to four dental residents, three of whom are placed at Federally Qualified Health Centers.
- New initiatives and future plans:
 - UVM Medical Center's Pediatric Outreach Coordinator is working with the Tooth Tutor and School Nurses at the Winooski School District to implement a transportation system for dental visits.
 - UVM Medical Center is partnering with United Way and others to develop a plan for increasing access to dental health care for low-income families.

Anticipated Impact:

UVM Medical Center Health Care anticipates improving access to preventive oral services and preventing Early Childhood Cavities in our most vulnerable populations.

Mental Health (Focus on Children)

Why address it? Through the CHNA the community identified the need for mental health supports for children. Timely access to treatment for all ages and the early detection of mental health issues for children and teens were also noted as high needs in the community. Key leaders also stressed the importance of additional supports for children and families as a key component in reducing the future need for mental health services.

Action/Implementation Strategy:

- Past and present Community Benefit funding of:
 - HowardCenter Street Outreach Project, which assists those with mental health, substance abuse, homelessness and unmet social service needs and coordinates services for those individuals in downtown Burlington.

- Visiting Nurse Association of Chittenden and Grand Isle Counties' Family Room, which provides services to at-risk parents and their children from birth through five years in a supportive, nurturing environment.
- Ongoing programs:
 - UVM Medical Center's Department of Child Psychiatry recently increased staffing by adding two full-time child psychiatry nurse practitioners and another full-time child psychiatrist. Patient wait times for appointments have been dramatically reduced, from 132 days to 21 days in the last year.
 - With funding from the State of Vermont, the Child Psychiatry department oversees the Autism Assessment Program, which is available to children and families across the state in an effort to increase early detection and intervention.
 - UVM Medical Center, along with other hospitals across the state, absorbed some of the State's Mental hospital patients and continues to work collaboratively with the State in creating a sustainable placement plan for the future.
 - The Child Psychiatry fellowship program was created three years ago in an effort to graduate more child psychiatry professionals into the field. Three or four fellows participate in the program each year.
 - UVM Medical Center continues to work in partnership with HowardCenter's Crisis Services.
- New initiatives and future plans:
 - UVM Medical Center's Pediatric Outreach Coordinator has identified additional opportunities for collaboration and programming through nationally recognized outcomes based programs to help increase support for children by enhancing family skills and capacity. UVM Medical Center has partnered with HowardCenter and United Way to facilitate an on-going dialogue to identify barriers and opportunities for systems change within our current pediatric mental health services.

Anticipated Impact: These initiatives will help to increase access for timely mental health services, decrease wait times for services and reduce the need for services through upstream prevention efforts that keep children and families well.

Removing Barriers to Care (Affordability, Transportation, Language)

Why address it? As a federally designated refugee resettlement site, Vermont, and especially Chittenden County, is home to a large number of refugees, with approximately 35 languages spoken in the Burlington and Winooski schools. In focus groups and in key leader interviews, we heard of the challenges New Americans face, especially in terms of difficulties navigating the health care system and other social supports. In reviewing the data, the Community Benefit Committee agreed to not list "New Americans" as a specific priority, but, rather, to focus on removing barriers to care as barriers were a frequent theme relating to this population, which also affects many others as well. Inadequate transportation was also seen as a great need in our community, as was affordability of health care. Grand Isle County in particular has higher rates of uninsured than state levels (13%) and a higher percentage of adults receiving Medicaid or other public programs (25%).

Action/Implementation Strategy:



- Past and present Community Benefit funding of the Community Health Centers of Burlington for their sliding fee program.
- Ongoing programs
 - UVM Medical Center's Health Assistance Program: provides assistance with co-pays, medications, vision, dental and hearing care.
 - Transforming Primary Care: UVM Medical Center began this initiative in early 2012 and by the end of calendar 2013 all its internal medicine, family medicine and pediatric clinics will have a new care delivery process in place that is founded on the principles of standardization, reliability and customization to the patient. Key to the work of "Transforming" is creating and supporting the capability to harness information and to understand information to increase the health of the population served (today 75,000) and to improve the patient experience.
 - Patient Assistance Program: UVM Medical Center is committed to providing financial assistance to persons who have essential health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay, for medically necessary care based on their individual financial situation. In FY11, UVM Medical Center provided \$7.1 million in charity care to income-eligible patients.
 - UVM Medical Center helps to subsidize several bus routes in the region to increase access to care for patients. In FY12 this cost approximately \$50,000. UVM Medical Center also assists income eligible patients with parking costs; approximately \$163,000 a year.
 - Through our Case Management and Social Work department, UVM Medical Center helps facilitate safe and timely discharges via transportation, bridge medications, gas cards, ferry passes and other short term transition necessities.
 - UVM Medical Center arranges in person interpreters for approximately 900 appointments per month across our network. UVM Medical Center is also rapidly increasing the use of technology to provide ASL and spoken interpretation, in addition to phone interpreter service. In FY12, UVM Medical Center provided over \$1 million in translation services.
- New initiatives and future plans:
 - Partner with United Way on two new initiatives:
 - Neighbor Rides will increase access to transportation options for seniors and adults with disabilities.
 - The Interpreter Project will explore a systemic approach to quality translation needs of multiple organizations.

Anticipated Impact:

UVM Medical Center Health Care anticipates increased access for comprehensive, quality health care services in our community (Healthy People 2020 goals, CDC).

Senior Issues (Caregiving, Safety, Well-Being)

Why address it? Our aging population presents unique challenges for our community. Although the percentage of residents 65 and over in Chittenden County is less than the overall State's average, the rate at which Chittenden County is aging is much greater. Our aging population presents unique challenges for our community. Keeping seniors safe in their homes and ensuring adequate and affordable caregiving supports were cited as needs to be

addressed. Creating an environment of optimal well-being for seniors, through access to primary care, chronic disease maintenance and prevention and access to social supports were also seen as needs.

Action/Implementation Strategy:

- Past and present Community Benefit funding of:
 - Cathedral Square for Support and Services at Home (SASH), which connects the health and long-term care systems for seniors in the region.
 - Visiting Nurse Association of Chittenden and Grand Isle Counties' Adult Day program which provides care for elders, people with dementia, adults with mental and physical disabilities and others who need support during their day.
 - Vermont Ethics Network education and outreach regarding Advance Directives, palliative care and the like for both community members and health care professionals.
- Ongoing programs:
 - UVM Medical Center's Director of Palliative Care Services chairs UVM Dean's Palliative Care Collaborative. The Collaborative seeks to develop and implement approaches to improve the quality of care for serious illness at the end of life, as well as to improve the experience of patients and families during these times, through fellowships, educational programs and community resources.
 - UVM Medical Center's Rural Palliative Care Network (RPCN) was developed in 2009 to strengthen regional palliative care expertise and collaboration and to provide telemedicine palliative care consultations to remote sites. While telemedicine can help overcome specific staffing and educational challenges unique to rural environments, aspects of this model are also relevant to urban centers such as dissemination of distance education and improving care transitions.
 - Healthsource Community Education series features classes on senior related health issues several times a year, including free blood pressure and low-cost cholesterol screenings.
 - Through UVM Medical Center's Falls and Fires program, income-eligible seniors or disabled adults are offered free home safety assessments and receive assistance with materials for modifications.
 - Footnoters program, which offers **free foot care to seniors and disabled adults, at senior residences or congregate meal sites.**
 - Free self-management classes held year-round.
 - Work in partnership with the Burlington Housing Authority to employ a SASH nurse at Burlington's housing sites to offer both individual and group education through 1:1 visits, group wellness classes, health education, medication management, assistance and support with chronic disease management and self-care. Residents are low-income seniors and disabled adults.
 - Comprehensive transition planning for seniors, including arranging home care, transfers to rehab, skilled nursing care and other extended care facilities.
 - UVM Medical Center continues to partner with organizations such as SASH, Community Health Teams, Vermont Chronic Care Initiative, Vermont Managed Care, Adult Protective Services, Vermont Respite House, Department of Health Access, home care agencies and more.
- New initiatives and future plans:

- UVM Medical Center will continue to work on innovative ways to improve the care of the elderly in the hospital by preserving their mobility, proactively addressing nutrition and medication issues and focusing on the risk of falls.

Anticipated Impact: UVM Medical Center anticipated these initiatives will contribute measurably to keeping seniors safe in their homes, and to ensuring adequate and affordable caregiving supports. They also will create or strengthen an environment of optimal well-being for seniors, through access to primary care, chronic disease maintenance and prevention, and access to social supports.

Ancillary Areas of Focus

Four specific health issues were identified through review of external health data. All of these below are addressed, at least partially, in the five identified priority areas.

Cancer

Why address it? The CHNA identified that the incidence of breast cancer and of colorectal cancer in women in the county is higher than the statewide incidence. Lung cancer incidence in the county is statistically the same as for Vermont as a whole, but is statistically worse than for the U.S. While not all cancers are preventable, not using tobacco products, healthy eating and exercise help prevent many cancers. “Besides lung cancer, tobacco use also increases the risk for cancers of the mouth, lips, nasal cavity and sinuses, larynx, pharynx, esophagus, stomach, pancreas, kidney, bladder, uterus, cervix, colon, ovary and acute myeloid leukemia (*Cancer Facts & Figures 2013* found at www.cancer.org/cancer/cancercauses). Regarding nutrition, the National Cancer Institute reports that “with respect to dietary factors that may protect against cancer, the greatest consistency was seen for fruits and nonstarchy vegetables.” The same site notes that “a growing body of epidemiologic evidence suggests that people who are more physically active have a lower risk of certain malignancies than those who are more sedentary.” (www.cancer.gov/cancertopics/pdq/prevention)

Action/Implementation Strategy:

- Past and present Community Benefit funding of:
 - UVM Medical Center has long supported the American Cancer Society's Coalition for a Tobacco Free Vermont. The Coalition works to secure tobacco program funding, protect the tobacco trust fund, educate lawmakers concerning need for increased cigarette tax and the need to strengthen smoke-free restrictions and works to build momentum around providing greater access to cessation treatment and services by the Medicaid population.
- Ongoing programs:
 - From 2001-2011 UVM Medical Center provided leadership for adult cessation programs located at all Vermont hospitals by offering Fresh Start trainings, assisting practitioners in gaining credentials as Tobacco Treatment Specialists maintaining a statewide database on all people served by the program, and in managing distribution of free Nicotine Replacement Therapy to clients. During 2011-2012 UVM Medical Center supported the transition of the program to the Vermont Blueprint for Health, which supports the recognition (National Committee on Quality Assurance) of patient-centered medical homes and the creation of Community Health Teams which provide additional

support to the PCMHs. From 2001-2011 the statewide program served 18,000 smokers with a quit rate of over 60%. Since 2001 UVM Medical Center has been one of the hospitals providing cessation services and served 2195 smokers. Today, UVM Medical Center's Community Health Team has five certified Tobacco Treatment Specialists, and one who is in the process of becoming a Specialist. In the year just ended, the Team served 246 people who had set quit dates.

Chronic Disease

Why address it? Rates of adult asthma, arthritis and cancer in Chittenden and Grand Isle counties are above the national average.

Action/Implementation Strategy:

- Past and present Community Benefit funding of:
 - Funding to the Greater Burlington Y for the B-Fit program, which is a free physician-referred exercise program for seniors with chronic disease. The weekly classes combine gentle land and water exercises which emphasize flexibility, strength, balance and cardiovascular endurance.
- Ongoing programs:
 - Free self-management programs for individuals living with chronic disease are offered throughout the year. In FY12, UVM Medical Center offered 23 free workshops to the community.
 - UVM Medical Center's patient-centered medical homes are primary care settings that improve quality and educate patients, empowering them to become partners in their care to create optimum health. Patient-centered medical homes include the Community Health Team, nurses, social workers, dietitians and health educators; who work together to help patients manage chronic conditions.
 - Transforming Primary Care: UVM Medical Center began this initiative in early 2012 and by the end of calendar 2013 all its internal medicine, family medicine and pediatric clinics have a new care delivery process in place that is founded on the principles of standardization, reliability and customization to the patient. Key to the work of "Transforming" is creating and supporting the capability to harness information and to understand information to increase the health of the population served (today 75,000) and to improve the patient experience.

Substance Abuse

Why address it? Substance abuse was frequently cited in key leader interviews and focus groups, especially as it pertained to opiate use and addiction. Both Chittenden and Grand Isle counties have higher levels of youth marijuana use than the national average.

Action/Implementation Strategy:

- Ongoing programs:
 - UVM Medical Center, in conjunction with the University of Vermont, operates the largest methadone treatment clinic in the state.
 - UVM Medical Center supports HowardCenter's ACT/1 Bridge program through sponsorship of rent for the facility. ACT/1 Bridge provides a safe detoxification center and offers short-term substance abuse treatment.
- New initiatives and future plans:
 - In 2012 UVM Medical Center was selected by the State of Vermont to host a pilot project for the treatment of opioid dependence. The Hub and Spoke pilot is a collaborative effort with UVM Medical Center (through its Community Health Improvement Office) and the HowardCenter, as well as the Vermont Blueprint for Health. Working with the Community Health Team, the pilot calls for coordinating the care of individuals with complex addictions who receive prescribed opiate therapy.

Prenatal Care

Why address it? First Trimester care rates in Chittenden and Grande Isle counties are below the national average.

Action/Implementation Strategy:

- Ongoing programs:
 - Transforming Primary Care: UVM Medical Center began this initiative in early 2012 and by the end of calendar 2013 all its internal medicine, family medicine and pediatric clinics will have a new care delivery process in place that is founded on the principles of standardization, reliability and customization to the patient. Key to the work of "Transforming" is creating and supporting the capability to harness information and to understand information to increase the health of the population served (today 75,000) and to improve the patient experience.
- New initiatives and future plans:
 - Work with OBGYN, family practice, pediatrics and the community to understand rates and possible NICU ramifications.

Needs Identified in the CHNA not Included in this Implementation Strategy

The Community Health Needs Assessment identified several social determinants of health that were not included in the five priority areas. The top needs were livable wage and affordable housing. While these are important social determinants of health, they are outside the scope of UVM Medical Center's expertise and core competencies and are more suited to community collaborative efforts.

Affordable Housing. The need for more housing of this nature was cited in focus groups as well as the community survey as a large community need. Numerous community organizations (the Champlain Housing Trust, the Burlington Housing Trust, the ECOS Project and others) are working on this issue. This focus was seen as outside UVM Medical Center's purview or ability to impact in any material way.

Livable Wage & Economic Opportunities. A livable wage (and economic opportunity) was also noted as a need by key leaders, focus groups, and the community at large. As with affordable housing, a community-wide livable wage is outside UVM Medical Center's purview. However, UVM Medical Center does participate in the Working Bridges program, which is a collaborative dedicated to improving workplace productivity, retention, advancement and financial stability for employees.

Adoption of Implementation Strategy

This Implementation Strategy was adopted by the Planning Committee of the Board of Trustees on May 30th, 2013.