Community Health Needs Assessment
Implementation Plan

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NVRH Community Health Needs Assessment
Implementation Plan

Introduction
NVRH conducted a Community Health Needs Assessment in fiscal year 2015. This Implementation Plan outlines a plan of action for how NVRH plans to address the top community health priorities for the next three years.

The Community Health Needs Assessment identified these three top priority areas:
- Poverty related issues
- Substance abuse/mental health issues
- Obesity related issues

Process, Methods, Decision Makers and Criteria
The Community Relations Committee of the Board of Trustees was apprised of the process and results of the Community Health Needs Assessment throughout fiscal year 15 (October 1, 2014 – September 30, 2015). The Community Relations Committee of the Board received an update on the CHNA and Implementation Plan process at the May 11, 2015 meeting. A list of the members of the Community Relations Committee and meeting dates are included in the Appendix of this plan.

The entire Board of Trustees received an update on the Community Health Needs Assessment and Implementation Plan, as well as current NVRH community health improvement activities at the August 26, 2015 Board Meeting. The Board of Trustee members are listed in the Appendix.

The NVRH Senior Team reviewed and approved the Implementation Plan as recommended by the VP of Marketing and Community Health Improvement at several June 2015 meetings. The Board of Trustee’s approved the Implementation Plan at the August 26, 2015 meeting.

Process and Decision Criteria
Specific initiatives for the Implementation Plan were identified by the VP of Marketing and Community Health Improvement with input from community health experts in the late spring of 2015. A list of those experts is included as an Appendix.

The experts were asked to identify initiatives using the following criteria and considerations:

<table>
<thead>
<tr>
<th>Decision Criteria</th>
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</thead>
<tbody>
<tr>
<td>Hospital Expertise</td>
</tr>
<tr>
<td>Willing Community Partners with Expertise</td>
</tr>
<tr>
<td>Community Need</td>
</tr>
</tbody>
</table>

To be considered as part of the NVRH Implementation Plan, an activity must meet at least the first two, and ideally all three:
1. Be one of the three community need priorities
2. Be an area where the hospital has expertise
3. Have willing community partners with expertise
Each initiative was identified as a level of influence from the Vermont Prevention Model. The Vermont Prevention Model was developed by the Vermont Department of Health. It is the theoretical framework from which to approach a common model of prevention. To have the greatest impact, prevention activities must be addressed from multiple levels:

- Individual
- Relationships
- Organizational
- Communities
- Policies and Systems

The prevention model illustrates that there are many factors that influence the health of the community. Prevention efforts are most likely to be effective if they are: (State of Vermont Primary Prevention Report, 2008)

- Consistent with the needs and resources of the community,
- Developed with an understanding of the factors contributing to the problem,
- Designed to specifically address those factors,
- Inclusive of strategies addressing multiple levels of the model simultaneously,
- Sustainable over time,
- Age, gender and culturally appropriate, and
- Evidence-based or based on best and promising practices.

The Vermont Prevention Model diagram and an explanation of the levels of influence are included in the Appendix.

**Measurable Objectives and Rationale for Objectives**

Each initiative has a set of measurable objectives. The objectives are tied to the statistics referenced in the 2015 Community Health Needs Assessment. All objectives are existing data points collected by reputable agencies like the Vermont Department of Health, the County Health Rankings, Vermont Department of Labor and others.

NVRH does not independently collect health statistics and data; therefore, we rely on reputable third parties for these measures.

**Methods for Reporting Progress**

Progress on the implementation of the initiatives will be reported at least annually at the NVRH Community Relations Committee meeting and will be included in the Community Relations Committee report to the Board of Trustees.

Addition forums to report progress include: Green Mountain Care Board, Community Health Team meetings, prevention coalition meetings, civic organization meetings e.g. Rotary, and press releases in the hospital newsletter and the Caledonian Record.

**Implementation Tactics, Budget, and Work Plans**

The specific tactics and budget is included in the work plans included in the Appendix.
The Community Relations Committee of the Board meets the second Monday of every other month in January, March, May, July, September, November at 7:30 am in the NVRH Business Center 126.

Board Members:
• Catherine Boykin
• Darcie McCann, Chair
• James Newell
• Kenneth Norris
• Laurel St. James Long
• Martha Ide
• Mike Rousse, MD
• Thomas Paul

Staff:
• Betty Ann Gwatkin
• Hilary DeCarlo
• Judy Harbaugh
• Laural Ruggles
• Pat Forest
• Paul Bengtson
NVRH Board of Trustees 2015

Jane Arthur
Catherine Boykin
Charlie Bucknam
Martha Davis
Terry Hoffer
Deborah Hunt
Martha Ide
Sam Kempton
Terry Larsen, DO
Darcie McCann
Kristen Michaud
James Newell, President
Steve Nichols
Kenneth Norris
Tom Paul
Mark Price, M.D.
Thomas Robinson
Michael Rousse, M.D.
William Sargent, M.D.
Laurel St James Long
Experts Consulted for this Plan

**Mental Health and Substance Abuse**
- Vermont Department of Health
- Justin Barton-Caplin
- Jill Brown
- Alcohol, Tobacco, and Other Drugs Coalition
- Rose Sheehan

**Poverty**
- Community Health Team
- Pam Smart

**Obesity**
- Registered Dietitians
- Virginia Flanders
- Sharon Anderson
Vermont Prevention Model

Policies and Systems
Local, state, and federal policies and laws, economic and cultural influences, media

Community
Physical, social and cultural environment

Organizations
Schools, worksites, faith-based organizations, etc

Relationships
Family, peers, social networks, associations

Individual
Knowledge, attitudes, beliefs

## Community Need: Mental Health/Substance Abuse

### Measureable Goal:

1. % Adult Excessive/Binge Drinking
2. % Youth Binge Drinking
3. % of adults who smoke cigarettes
4. % of youth (grades 9-12) who smoked cigarettes last 30 days
5. % of students who have misused a stimulant or prescription pain reliever
6. % of students who have misused a stimulant or prescription pain reliever in the last 30 days
7. % of person 12 and older who need and do not receive alcohol treatment
8. % Youth (grades 9-12) who used marijuana in last 30 days

<table>
<thead>
<tr>
<th>Action Item/Specific Tactic</th>
<th>Decision Criteria</th>
<th>Prevention Model:</th>
<th>Timeline:</th>
<th>Hospital Resources Needed</th>
<th>Responsible Hospital Department/Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DART 2.0 Facilitate Drug Free Community Grant by hiring a consultant to review evaluation section</td>
<td>ATOD Coalition</td>
<td>Community Policy</td>
<td>FY16</td>
<td><strong>Budget:</strong> Included in departmental operating budget. $1000.00</td>
<td>Rose Sheehan</td>
</tr>
<tr>
<td>2. DART 2.0 Advocacy BAART, NKHS, KRC, community members</td>
<td>Community Policy</td>
<td>FY16 - 18</td>
<td>CEO and staff time (inkind)</td>
<td>Paul Bengtson</td>
<td></td>
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<tr>
<td>3. Support Youth Mental Health First Aid Training Vermont Department of Health</td>
<td>Individual</td>
<td>FY16 - 17</td>
<td><strong>In-kind:</strong> conference room and refreshments <strong>Budget:</strong> Training Materials, Included in departmental operating budget. $1000.00/annual</td>
<td>Laural Ruggles</td>
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<tr>
<td>4. Expand ATOD Coalition Outreach Vermont Department of Health</td>
<td>Community Policy</td>
<td>FY16 - 18</td>
<td><strong>Budget:</strong> Included in departmental operating budget. .1 FTE = $5000.00/annual</td>
<td>Rose Sheehan</td>
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<tr>
<td>5. Prescription Drug Drop Box Disposal Caledonia County Sheriff</td>
<td>Community</td>
<td>FY16</td>
<td><strong>Budget:</strong> $3000.00 for purchase of a local incinerator</td>
<td>Laural Ruggles</td>
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<tr>
<td>6. Dr. Bob’s House, Kingdom Recovery Center Kingdom Recovery Center</td>
<td>Individual</td>
<td>FY16 – FY18</td>
<td>Inkind support of NVRH Plant Operations staff, as well as capital improvements to the buildings and grounds.</td>
<td>Robert Hersey</td>
<td></td>
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</table>
Community Need: Obesity

### Measurable Goal:

1. % of adults with hypertension. % of children with hypertension. % of adults who are obese. % of children age 2 – 5 (in WIC) who are obese. % of adolescents ages 12 – 19 who are obese. % of adults meeting the physical activity guidelines. % of adolescents meeting physical activity guidelines. % of children ages 2 – 5 with no more than 2 hours of television, videos, or video games. % of children ages 2 – 5 with no more than 2 hours of computer use. % of adolescents with no more than 2 hours of screen time.

2. % of children with hypertension. % of children age 2 – 5 (in WIC) who are obese. % of adolescents ages 12 – 19 who are obese. % of adolescents meeting physical activity guidelines. % of children ages 2 – 5 with no more than 2 hours of television, videos, or video games. % of children ages 2 – 5 with no more than 2 hours of computer use. % of adolescents with no more than 2 hours of screen time.

3. % of adults who are obese. % of children age 2 – 5 (in WIC) who are obese. % of adolescents ages 12 – 19 who are obese.

4. Vermonter at risk of diabetes who complete the Diabetes Prevention Program.

<table>
<thead>
<tr>
<th>Action Item/Specific Tactic</th>
<th>Prevention Model:</th>
<th>Timeline:</th>
<th>Hospital Resources Needed</th>
<th>Responsible Hospital Department/Person</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Individual</td>
<td>FY16</td>
<td></td>
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<tr>
<td>1. Community Health Fund programs</td>
<td>Relationship</td>
<td>FY16 - 18</td>
<td>NVRCorp</td>
<td>Bob Hersey</td>
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<tr>
<td></td>
<td>Organization</td>
<td>FY17</td>
<td></td>
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<tr>
<td></td>
<td>Community</td>
<td>FY18</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Policy</td>
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<td>2. Participate in the NEK Food Security Task Force - NEK food system plan</td>
<td>Local not-for-profits</td>
<td>Individual</td>
<td>FY16 - 18</td>
<td>Staff time (inkind)</td>
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<tr>
<td>3. Provide nutrition consult services to local food banks</td>
<td>Vermont Foodbank, local food banks</td>
<td>Policy</td>
<td>FY16 - 18</td>
<td>Staff time (inkind)</td>
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<tr>
<td>5. LVRT – trail head amenities</td>
<td>Towns of St J and Danville, Fit and Healthy Coalition</td>
<td>Community</td>
<td>FY16 - 18</td>
<td>Staff time (inkind)</td>
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<tr>
<td>6. Bike Safety Fair</td>
<td>Town of St Johnsbury, NCIC, RecFit, Kiwanis, Elks, Local business</td>
<td>Community</td>
<td>FY16 - 18</td>
<td>Staff time (inkind); $500/annual for bike helmets</td>
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<td>7. Expand social marketing campaign to counter marketing of sugar sweetened beverages.</td>
<td>Fit and Healthy Coalition, VT Department of Health, CDC</td>
<td>Community</td>
<td>FY16 - 17</td>
<td>Staff time (inkind); $20,000 for FY16</td>
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| 8. Advocate at the state level for public policy initiatives to reduce and prevent obesity. | Alliance for a Healthy Vermont Fit and Healthy Coalition | Policy | FY16 - FY17 | Staff time (inkind) | Laural Ruggles, Paul Bengtson |
## Community Need: Poverty

### Measureable Goal:

1. % of adolescents who used contraception at most recent intercourse. % condom use among sexually active adolescent females. % condom use among sexually active males.
2. % Severe Housing Problems e.g. overcrowding, high costs, lack of kitchen or plumbing
3. % Below Poverty Level

### Action Item/Specific Tactic | Decision Criteria | Willing Partners (list or NA) | Prevention Model: | Timeline: | Hospital Resources Needed | Responsible Hospital Department/Person |
---|---|---|---|---|---|---|
1. A Team: NVRH will be a convener for area organizations to lead the discussion and work to break the cycle of poverty. | | NCHC, NEKCA, NEKHS, NEK Council on Aging | Relationship Organization, Community Policy | FY16 – FY18 | Hospital leadership (inkind) | Paul Bengtson |
2. Revitalize St J Riverfront | | NVDA, Town of St Johnsbury, NCIC | Community | FY16 | Hospital leadership (inkind) | Laural Ruggles |
3. Community Health Fund programs | | Advisory board | Individual | FY16 – FY18 | NVRCorp | Bob Hersey |
4. Expand “Family SASH” program | | RuralEdge, Agency of Human Services, NEKYS | Individual, Community | FY16 – FY18 | Community Connections staff time | Budget: Included in departmental operating budget. Grant opportunities will be researched. | Pam Smart |
5. LSC Center for Rural Entrepreneurship Summer Camps | | Lyndon State College | Individual | FY16 – FY18 | | Budget: $1000/annually | Laural Ruggles |
6. Support and expand “Reducing the Risk” program | | Women’s Wellness, Schools, AHEC, Youth Services | Individual, Community | FY16 – FY18 | Staff time (inkind) | Pam Smart, Anea Lelong |
7. Bridges Out of Poverty training | | CHT | Community | FY16 - 18 | Staff time (inkind) $2000/annual for materials | Pam Smart, Mindy Warren |
8. Promise Community Coalition | | St Johnsbury School, State Agencies | Organization Community | FY16 - 17 | Staff time (inkind) | Pam Smart, Becca Lewis |
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Responsible Party</th>
</tr>
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<tbody>
<tr>
<td>9</td>
<td>Supply laundry for warming shelter DART 2.0, Community Justice Center, NEKCA</td>
<td>Pete Gummere</td>
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<td></td>
<td>Laundry (staff time)</td>
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<td></td>
<td>Linens (inkind)</td>
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<td>10</td>
<td>Reach Out and Read St Johnsbury Pediatrics</td>
<td>Laural Ruggles</td>
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<td></td>
<td>Budget: $5000/annual; cost of books</td>
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ATOD = Alcohol, Tobacco, Other Drugs Coalition of Caledonia and s. Essex  
BAART = BAART Behavior Health Services (medication assisted opiate treatment)  
NKHS = Northeast Kingdom Human Services (dedicated mental health agency for the Caledonia, Orleans, Essex)  
KRC = Kingdom Recovery Center  
NVDA = Northeast Vermont Development Association (regional planning commission and economic development agency for Caledonia, Orleans, Essex)  
NCIC = Northern Community Investment Council  
CDC = Centers for Disease Control and Prevention  
NEKYS = Northeast Kingdom Youth Services  
AHEC = Area Health Education Center  
CHT = Community Health Team  
DART 2.0 = Drug Abuse Resistance Team  
NEKCA = Northeast Kingdom Community Action