North Country Hospital

2024 Community Health Needs Assessment

Implementation Strategy

North Country Hospital
Where caring runs deep.

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North Country Hospital (NCH) Mission, Vision and Values Statement:

Mission:
The mission of North Country Hospital is to provide exceptional care that makes a difference in the lives of our patients and community.

Vision:
We will be regarded as an exceptional community resource that has significantly improved the health of the community.

Values

- Quality patient care is our greatest commitment
- Employees are our greatest asset
- Excellent patient experience is our greatest accomplishment
- The health of the community is our greatest responsibility

An overview of the population NCH serves and a description of how Priority Health Concerns were determined:

As described in its Community Health Needs Assessment (CHNA) Report and as documented in Appendix A (Data Reviewed), NCH serves the residents of Orleans and Northern Essex counties in Vermont, which includes a population that is at greater economic risk when compared to the rest of Vermont. In addition, people who live in its Health Service Area experience more challenges than the rest of the State in meeting multiple needs, including health related social needs, chronic diseases and mental health and/or substance use conditions. With this in mind, and as noted in the CHNA report, the NCH Advisory Committee agreed on a set of criteria by which to prioritize health concerns that were identified during its comprehensive CHNA process. The criteria elements for prioritization are listed below and align with those recommended by the Catholic Health Association (CHA) as described in “Assessing & Addressing Community Health Needs” (CHA, 2015), meet IRS 501(r) (3) regulations and reflect guidance provided by the American Hospital Association Community Health Improvement (ACHI) Toolkit, 2023 edition. The CHA criteria utilized to identify its 2024 Priority Health Concerns and each of which NCH has developed an implementation strategy to address, include:

- Magnitude of the problem or issue as defined by the number of people or by the percentage of population affected and/or significance based on circumstances present in our community
- Severity as defined by rate of morbidity or mortality, if applicable, and/or scope or urgency of the health need.
- Vulnerable population identified examples of which include low socioeconomic, children, elderly, which are significant for the Newport Health Service Area.
- Opportunity to affect change which includes consideration of estimated feasibility and effectiveness of possible interventions, associated health disparities or importance to the community.

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Overview of NCH's Implementation Strategy

As detailed in the CHNA report, the NCH Advisory Committee reviewed extensive Quantitative/Secondary data as well as Qualitative/Primary data and feedback provided by community members from results of a community survey process and input from focus groups of underserved populations in the Health Service Area. This process identified three Domains and seven Priority Health Concerns as priorities for NCH to address in its Implementation Strategy document which describes how NCH plans to work with community partners to address. The Domains and Priority Health Concerns include:

Domain 1: Health Related Social Needs

- Priority Area 1: Food Security
- Priority Area 2: Transportation
- Priority Area 3: Affordable Housing across the lifespan

Domain 2: Health Care Needs

- Priority Area 1: Chronic Disease (Individuals with Diabetes, Cardiovascular disease, Obesity
- Priority Area 2: Cancer screening and early access to treatment if needed

Domain 3: Treatment Options for Individuals with mental health and/or substance misuse needs

- Priority Area 1: Mental Health Services
- Priority Area 2: Substance Misuse Services

The Advisory Committee held two listening sessions and met individually with staff and leadership from multiple community partner organizations to develop its Implementation Strategy Report. The tables on the following pages list each Priority Health Area and for each includes a brief overview of current strategies/strategies available from NCH and/or community partners, identifies those collaborating partners and resources, describes developments/plans for the next three years NCH anticipates in working with community resources to address each health concern. This document also includes process or outcome measures which will be utilized to monitor results of the strategies implemented. Whenever possible, these measures are linked to goals in the Healthy Vermonters 2030 initiative and aligns with the Vermont Blueprint for Health and OneCareVermont Accountable Care Organization (ACO) initiatives.

Priority to Abbreviations used in the Implementation Strategy include:

ACO-Accountable Care Organization
BAART – Bay Area Addiction Research and Treatment
BP-Blueprint for Health, VT's initiative to transform how primary care and comprehensive health services are delivered and paid for
CHT-Community Health Team-a component of BP which provides supportive resources to assist patients in NCQA-PCMH practices better manage chronic illness and/or improve their health
CHT meeting-Community Health Team, a group of staff in the Newport HSA composed of representatives of many area organizations meeting monthly to share information and coordinate resources to meet the needs of area residents.
DVHA – Dept. of VT Health Access (Medicaid, Blueprint, Ladies First and others)
EC- Essex County
HSA –Health Service Area
HV 2030- Healthy Vermonters 2030
IPHC- Island Pond Health Center
JTRCC-Journey to Recovery Community Center
MAT Medication Assisted Treatment: BP funded resources to assist physicians who prescribe suboxone to treat opioid addiction
NCH- North Country Hospital
NCQA PCMH – National Committee for Quality Assurance Patient Centered Medical Homes.
NCSUVT-North Country Supervisory Union
NEKCA-Northeast Kingdom Community Action
NEKCAN-Northeast Kingdom Cancer Action Network
NEKCOA-Northeast Kingdom Council on Aging
NEKLS - Northeast Kingdom Learning Services
NKHS- Northeast Kingdom Human Services
OC- Orleans County
OCSU-Orleans County Supervisory Union
OEVNA-Orleans Essex VNA & Hospice
PCP-primary care provider
RCT-Rural Community Transportation
RuralEdge- Agency providing affordable Housing in Orleans, Essex and Caledonia Counties
SAP-Substance Abuse Professional
SASH-Support and Services at Home
USDA-United States Dept. of Agriculture
VDH - VT Department of Health
WIC - Women, Infants, Children - VDH program which is a supplemental nutritional services and support program to parents of young children

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Domain 1: Health Related Social Needs				
Priority Area 1: Food Security	Improve access to affordable healthy food	Increase community awareness of existing resources. Consider a coordinated process to assess health related social needs including food security across multiple organizations, utilizing the Vermont Team-Based Care philosophy and an informed process to bring organizations together. Secure funding to continue the printing and distribution of NEKCA's Food Access Directory. NCH Senior Leadership will identify staff to track quarterly and report annually its work with community partners toward achieving this goal. As appropriate, coordinate activities with NVRH's regional CHNA Priority Health Concerns.	• Reassess community awareness of existing resources during the 2027 CHNA • Overall food insecurity rate • Overall, below SNAP threshold of 185% • Child food insecurity rate • Food environmental index (measures food insecurity and access)	1. Identify remaining unmet food security needs in the community 2. Define current capacity with partners to address unmet needs 3. Develop collaborative pilot programs A partial list of current community partners collaborating with strategies to improve Food security includes: NCH, VT Food Bank, Barton Drop & Go, Local Meal Sites, Local Churches, Barton Giving Garden, SASH-Food Drop, NEKCOA: Meals on Wheels & congregate meals in Barton and Glover, Green Mtn Farm to School/Lunch Box/School Backpack program, NEKCA and the NEK Hunger Council/ Hunger Free Vermont.
Priority Area 2: Transportation	Address transportation barriers for • Healthcare Needs:	Increase community awareness of existing resources. Expand RCT's Micro Transit initiative, a publicly funded	• Reassess community awareness of existing resources during the 2027 CHNA	1. Identify unmet transportation needs in the community 2. Determine current capacity with partners to address unmet needs

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	○ medical care for Chronic Diseases and cancer screenings and early access to treatment if needed. • Healthcare Treatment options for individuals with ○ mental health and/or substance misuse needs • Health related social needs	technology-enabled, on-demand transportation service, to the Barton-Orleans and Island Pond areas. Continue to utilize programs like the Older & Disabled Transportation Funds and Rides to Recovery and Job Access and advocate for their expansion to Barton/Orleans and Island Pond areas. NCH Senior Leadership will identify staff to track quarterly and report annually its work with community partners toward achieving this goal. As appropriate, coordinate activities with NVRH's regional CHNA Priority Health Concerns	• % of adults who rarely or never get social and emotional support • Number of memberships associations per 10,000 population • Reasons for using RCT services • RCT service area demographics, including low vehicle availability • Employment status of RCT riders	3. Develop collaborative pilot programs. A partial list of current community partners collaborating with strategies to improve transportation services includes: RCT, VDH, NCH-Patient Care Fund and the Green Mountain United Way. RCT partners with a variety of human service providers, including but not limited to, NEK Council on Aging, NKHS, NEKCA, NEKCOA, Newport Adult Day Services, the Meeting Place and JTRCC.
Priority Area 3: Affordable Housing across the lifespan	Increase safe and affordable housing options, as well as sustain existing housing stock, across the health service area.	Increase community awareness of existing resources. Work to improve existing housing capacity & options. Identify opportunities to improve existing housing stock.	• Reassess community awareness of existing resources during the 2027 CHNA • % of severe housing problems • % of adults not able to pay mortgage, rent or utilities in past year	1. Identify unmet housing needs in the community 2. Define current capacity with partners, which includes for-profit partners to address unmet needs 3. Develop collaborative pilot programs A partial list of current community partners collaborating with strategies to improve

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		Continue to collaborate with the Local Housing Coalition, RuralEdge and other community partners to assess readiness for and capacity to develop and sustainably operate: • A residential senior community living facility • Hospice House • Nursing home level of care • Emergency housing • Improve the mechanism to transition into permanent housing for unhoused individuals utilizing the VT team-based care approach with community partners • Housing options for individuals needing specialized support, including individuals with mental health and/or substance misuse needs. and our community's capacity to provide it. Explore the expansion of the HomeShare Vermont alternative model of housing already available in some Vermont counties.	• Housing types: rental or Seasonal, recreational & occasional use • Paying 30-49% of income in rent • North Country Supervisory Union McKinney-Vento eligible students.	affordable housing across the lifespan includes: RuralEdge, SASH, the Local Housing Coalition, NEKCOA-Choices for Care, VCIL (Vermont Center for Independent Living), Efficiency VT in connection with VEIC (VT Energy Investment Corp.), NETO (weatherization) and NEKCA

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		Work to Increase public awareness of gaps in housing options and the need for towns to consider responding to this during their town planning and zoning ordinance processes. NCH Senior Leadership will identify staff to track quarterly and report annually its work with community partners toward achieving this goal. As appropriate, coordinate activities with NVRH's regional CHNA Priority Health Concerns.		
Domain 2: Health Care Needs				
Priority Area 1: Chronic Diseases (Individuals with Diabetes, Cardiovascular Disease, Obesity)	Improve health outcomes for individuals with Diabetes, Cardiovascular Disease, and Obesity	Increase community awareness of existing resources. NCH will continue to implement activities to improve the health of individuals with cardiovascular disease (CVD) by completing required Tasks as part of its 5-year VDH grant. Examples include:	Reassess community awareness of existing resources during the 2027 CHNA *Diabetes* • % of individuals with Gestational diabetes • % of adults with diabetes *Cardiovascular Disease*	1. Review current programs and workflows to identify gaps 2. Develop, implement and evaluate innovative programs 3. Continue to develop, implement and evaluate innovative programs

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		• CVD Learning Collaborative • Outreach and Referral Development • Continue annual CMS-10 Health-related Social Screenings with individuals seen at NCH medical practices • Hypertension/Healthy Lifestyle Project Consider a coordinated process to assess health related social needs including across multiple organizations, utilizing the Vermont Team-Based Care philosophy. Increase the Team-based care approach with community partners to expand home-bound services to improve their health, including support for the "SASH for All" initiative. Continue to support activities of The Wellness Center as an important resource in supporting individuals with chronic diseases	• % of individuals with Pre-pregnancy & gestational Hypertension • % of adults with Hypertension • % of adults with cardiovascular disease • Deaths due to major cardiovascular disease, age adjusted *Obesity:* • % of women who are overweight before pregnancy • % of individuals with excess gestational weight • % of women breastfeeding • % High school students who are obese (BMI>=95th percentile • ^ of adults age 20+ who are obese (BMI >=30)	A partial list of current community partners collaborating with strategies to improve the care of individuals with chronic diseases includes NCH/Community Health Team, NC Primary Care Newport/Barton Orleans, NCH Diagnostic Imaging, NC Surgical Associates, NCH Wellness Center, Northern Counties Health Care, North Country Pediatrics, OEVNA & Hospice, School nurses, local EMS.

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		and in helping to reduce heart disease, diabetes and obesity. Support the sustainability of accessible pharmacies throughout the Health Service Area, such as the example of the partnership of RuralEdge and Kinney's in Barton which reflects market concessions made by RuralEdge to allow the pharmacy to remain open long-term. Explore options for funding/collaboration for mobile outreach for screenings and education**.** When appropriate, NCH quality measures will align with improving Priority Health Concerns. NCH Senior Leadership will identify staff to track quarterly and report annually its work with community partners toward achieving this goal. As appropriate, coordinate activities with NVRH's regional CHNA Priority Health Concerns		

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Priority Area 2: Cancer Screening and early access to treatment if needed.	Expand cancer screening and early access to treatment	Increase community awareness of existing resources and screening tools. Expand cancer screening outreach efforts within NCH's medical practices and Diagnostic Imaging Department. Explore options for funding/collaboration for mobile outreach for screenings and education. Expand NCH's Care Coordination resources for individuals with new cancer diagnoses. When appropriate, NCH quality measures will align with improving Priority Health Concerns. NCH Senior Leadership will identify staff to track quarterly and report annually its work with community partners toward achieving this goal As appropriate, coordinate activities with NVRH's regional CHNA Priority Health Concerns.	• Reassess community awareness of existing resources during the 2027 CHNA • Deaths due to malignant neoplasms, age- adjusted rate per 100,000 • % of women, ages 50-74, who have had a mammogram • % of women, ages 21-65, who have had a pap test in last 3 years • % of adults, ages 50- 75, who have been screened for colorectal cancer • % of population with Cancer diagnosis late stage for Breast, colorectal and lung cancers.	1. Review current programs and workflows to identify gaps 2. Develop, implement and evaluate innovative programs 3. Continue to develop, implement and evaluate innovative programs A partial list of current community partners collaborating with strategies to improve cancer screenings and early access to treatment includes NCH/Community Health Team, NC Primary Care Newport/Barton Orleans, NCH Diagnostic Imaging, NC Surgical Associates, NCH Wellness Center, Northern Counties Health Care, NC Pediatrics, OEVNA & Hospice, NEKCAN, Halo Foundation, Cancer Patient Support Foundation and local EMS.

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Domain 3: Treatment Options for individuals with mental health and/or substance misuse				

Priority Area 1: Mental Health Services	Improve access to mental health services for individuals of all ages	Increase community awareness of existing resources.
		
		Encourage utilization of new area programs such as NKHS's Front Porch, Peer Support Mobile Crisis Emergency Services and Elder Care Clinician Program funded by NEKCOA, as well as Rural Edge/SASH funded embedded Mental Health Clinician program.
		
		Support NKHS progress toward receiving recognition as a Certified Community Behavioral Health Clinic.
		
		Continue to connect with partners to align strategic priorities and opportunities for collaboration to:
		• Reinforce a continuum of treatment options
		• Provide resources for individuals as they return home from out-of-area treatment programs. This includes Care Coordination early in the process to
			• Reassess community awareness of existing resources during the 2027 CHNA.
			• % of students who feel they matter to people in their community.
			• % of students who in the past 12 months:
			  ○ Engaged in self-harm
			  ○ Felt sad or hopeless
			  ○ Made a suicide plan
			  ○ Attempted suicide
			• % of adults with
			  ○ Poor mental health days
			  ○ Depressive disorder
			  ○ Suicidal thoughts
			• Deaths due to intentional self-harm, age- adjusted rate per 100.000
				1. Review current programs and workflows to identify gaps
				2. Develop, implement and evaluate innovative programs
				3. Continue to develop, implement and evaluate innovative programs
				
				A partial list of current community partners collaborating with strategies to improve mental health treatment service options includes: JTRCC, NCH/Community Health Team, NKHS/The Front Porch/Mobile Crisis, Northern Counties Health Care, NC Pediatrics, BAART/SaVida, VibrantONE, Independent practitioners, SAP's, VDH

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		provide resources from the time of admission to reentry back to their community to ensure that individuals don't jeopardize current housing. Evaluate the pre-existing work completed by Market Decisions Research (MDR)- "Mapping the NEK's Mental Health & Substance Use System of Care" and its recommendations for access and treatment for individuals with mental health, substance misuse and co-occurring disorders. NCH Senior Leadership will identify staff to track quarterly and report annually its work with community partners toward achieving this goal. As appropriate, coordinate activities with results of NVRH's regional CHNA to assess the feasibility of local/regional psychiatric inpatient care.		
Priority Area 2: Treatment options for	Improve access to substance misuse treatment options.	Increase community awareness of existing resources.	• Reassess community awareness of existing resources during the 2027 CHNA	1. Review current programs and workflows to identify gaps

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individuals with substance misuse		Identify any gaps in access or barriers to treatment options for individuals with substance use needs. Evaluate NCH's capacity to partner with JTRCC to provide alcohol detoxification while a patient is waiting for transfer to an inpatient alcohol treatment facility. Expand access to Medication Assisted Treatment if gaps are identified or there is a wait to get to inpatient treatment. Continue to work with community partners utilizing protocols such as bridge dosing to support this transition**.** Evaluate the need for Sober Housing resources and our community's capacity to provide it. Evaluate the pre-existing work completed by Market Decisions Research (MDR)- "Mapping the NEK's Mental Health & Substance Use System of Care" and its recommendations for access and treatment for individuals with	• % opioid exposed newborns • % pregnant person cannabis use • % of students who in the last 30 days have used: ○ Alcohol ○ Smoke cigarettes ○ Snuff or dip ○ Ever used cocaine • % of adults, age 18+, during the last 30 days: ○ Smoked cigarettes use e-cigarettes • Rate of opioid- related deaths per 100.000 Vermonters	2. Develop, implement and evaluate innovative programs 3. Continue to develop, implement and evaluate innovative programs A partial list of current community partners collaborating with strategies to improve treatment options for individuals with substance use needs includes: JTRCC, NCH/Community Health Team, NKHS/The Front Porch/Mobile Crisis, Northern Counties Health Care, NC Pediatrics, BAART/SaVida, VibrantONE, Independent practitioners, SAP's, VDH and Vermont Cares.

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		mental health, substance misuse and co-occurring Disorders. Explore access to Harm Reduction Programs Explore participation in the NEK's Prevention Lead Regional Advisory Committee. NCH Senior Leadership will identify staff to track quarterly and report annually its work with community partners toward achieving this goal. As appropriate, coordinate activities with NVRH's regional CHNA Priority Health Concerns to assess the feasibility of local/regional inpatient or residential care.		