

# STRATEGIES FOR THE 2018-2023 STATE HEALTH IMPROVEMENT PLAN

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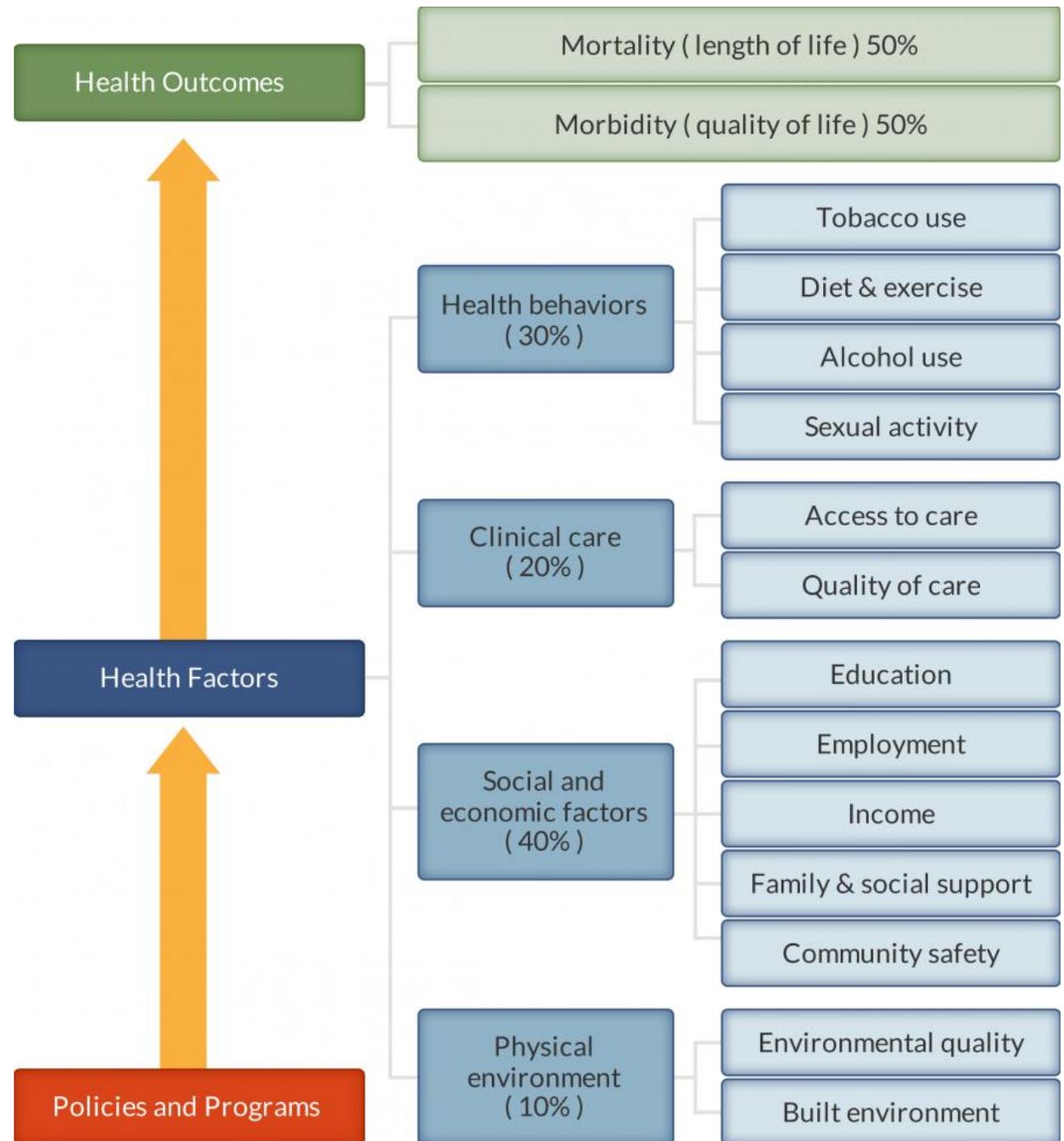
# State Health Assessment

What are the key health challenges in Vermont?

What are the contributing factors?

Which populations are most affected?

- What are the key health challenges in Vermont?
- What are the contributing factors?



# Which populations are most affected?

**Disparities:** Statistical differences in health that occur among populations defined by specific characteristics (e.g. age, sex) Could be from any cause.

**Inequity:** Differences in health outcomes that are **avoidable, unfair,** and shaped by the condition of people's lives related to the **distribution of money, power and resources.**

Often associated with social categories of **race, gender, ethnicity, social position, sexual orientation and disability.**

## What we heard

“Vermont doesn’t do a good job recognizing or acknowledging people who aren’t white.”

“It’s easier for society to select a certain group of people as being ‘less than us’.”

“Our society would have to look radically different for everyone to have an equal opportunity to be healthy. We need to have more equal distribution across the board [not just health, but other systems as well].”

# Mini Practice: Contributors to Health Outcomes



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# State Health Improvement Plan

Vision

Outcomes

Indicators

Strategies

Culture Changes

*In five years, if we have successfully worked towards achieving health equity, what would we have accomplished?*

**Vision:** All people in Vermont have a fair and just opportunity to be healthy and live in healthy communities

- Everyone feels respected, valued, included, and safe to pursue healthy and meaningful lives;
- All ages, all abilities, and all Vermonters have equitable access to the conditions that create health;
- Investments are focused on prevention and the conditions that create positive health outcomes; and
- Services are available, accessible, affordable, coordinated, culturally and linguistically appropriate and offered with cultural humility.

Core Values: Equity • Affordability • Access



Affordable, Healthy, Local Food



Health and Prevention Services



Recreation, Parks and Natural Resources



Safe and Efficient Transportation



Safe, Quality Housing



Safe and Supported Community  
Early Childhood Development



Economic Prosperity, Equitable  
Law and Justice System



Family Wage Jobs and  
Job Opportunities



Clean and Sustainable  
Natural Environments



Quality Education



Strong, Vibrant Communities



Civic Engagement and  
Community Connections

# Priorities from the State Health Assessment

## Health Conditions/Outcomes

- ❑ Childhood Development
- ❑ Chronic Disease
- ❑ Mental Health
- ❑ Oral Health
- ❑ Substance Use

## Social Conditions/Determinants

- ❑ Housing
- ❑ Transportation
- ❑ Food
- ❑ Income/Economic Stability

Institutional practices that are focused on improving health equity

# Priority Populations and Outcomes

2018-2023	Disability	LGBTQ	People of Color	Low SES	Other
Childhood Development				x	x
Chronic Disease	x	x	x	x	x
Mental Health		x	x		x
Oral Health	x			x	x
Substance Use		x	x		
Cross-cutting Co-occurring	x	x	x	x	x
		Vermont Department of Health			

# Outcomes

- Fair and just opportunities exist for health throughout Vermont
- Vermonters have the resources for healthy living and healthy aging
- All children achieve optimal development Vermonters have life-long opportunities for oral health
- Vermonters demonstrate resiliency and mental wellness

# Exercise Instructions

- 90 minutes to rotate through the topical tables
- Learn about the issues and proposed strategies
- Offer additions based on intersection with work you are doing
- Sign up for implementation plan development

# Table Discussions

- #1 Institutional Practices for Equity
- #2 Healthy Communities
- #3 Health System Transformation
- #4 Optimal Child Development
- #5 Oral Health
- #6 Mental Health and Wellness
- #7 Healthy Living: Chronic Disease
- #8 Healthy Living: Substance Use

# Health System Transformation Strategies

- Use state regulatory levers (e.g., health insurance regulation, provider and ACO regulation, health care organization and workforce licensure, etc.) to encourage investments in primary prevention
- Create financial incentives and flexibility to develop/embrace health system investments that address social conditions such as “food as medicine” and “housing as healthcare”
- Create integrated care settings for primary care (including pediatric), mental health, substance use disorder and oral health
- Use Electronic Health Records and other Health Information Technology in support of identification and management of chronic disease
- Invest in Telehealth, and ensure state-wide access to all telemedicine modalities (text, email, video, etc.) to increase access to care for all Vermonters, including those who live in rural areas, lack transportation, or are homebound.

# Strategies for Healthy Communities

- ❑ Expand existing successful strategies that invest in community infrastructure and support sustainable development (e.g. *Healthy Community Design* and 3-4-50; *Better Connections*)
- ❑ Explore opportunities for linking healthy, local food with health care systems and develop, fund, and implement projects such as “food as medicine” to increase food security and improve health
- ❑ Expand home improvement loans and grants for weatherization\*
- ❑ Invest in modes of transporting the public to increase community connectivity, access to services and reduce isolation\*
- ❑ Provide family wellness policies, paid family leave and access to childcare
- ❑ Provide high quality, affordable, and accessible early childhood education\*
- ❑ Expand community water fluoridation\*

\* The Health Impact in 5 Years (HI-5) initiative highlights non-clinical, community-wide approaches that have evidence reporting 1) positive health impacts, 2) results within five years, and 3) cost effectiveness and/or cost savings over the lifetime of the population or earlier.

# Strategies for Optimal Child Development

- ❑ In early care, education and health settings, screen all children for development at recommended intervals.
- ❑ Through promotion of *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*, pediatric medical homes will screen and connect all families for social determinants of health
- ❑ Promote a centralized access point to assist families and professionals in connecting children to developmental resources, community-based programs and services
- ❑ Expand access to an array of home visiting services for pregnant women and families
- ❑ Provide expansion and sustainability for cross-sector practice improvement and professional development for our early care and learning providers to support the social and emotional development of all children
- ❑ Advance family wellness policies, including paid family leave, breastfeeding, access to high-quality affordable child care, and anti-poverty programs
- ❑ Promote access to high quality affordable early care and learning opportunities
- ❑ Promote cross-sector and community-based collaboration that is informed by family voice and need to build efficient and effective early childhood systems that mitigate the impact of adversity and strengthen protective factors (parental resilience, social connections, concrete supports, knowledge of parenting and child development, social and emotional competence of children)

# Strategies for Oral Health

- Explore and pilot innovative payment and service delivery models to improve access to and the quality of dental care in Vermont
- Ensure all Vermonters have adequate dental insurance for preventive care and special services
- Integrate oral health into patient centered medical homes (including prenatal care, pediatric well child care, chronic disease)
- Expand oral health services in alternative settings (e.g. community clinics, schools, home visiting, nursing homes), including Telehealth
- Provide resources to dental professionals so that they are better prepared to treat Vermonters with disabilities
- Increase access to community water fluoridation

# Strategies for Mental Health and Well-being

## Expand Implementation of trauma-informed approaches

- Create a knowledge base about early childhood development, early adversity and its effects on behavior and health outcomes
- Adopt *Building Flourishing Communities* framework and develop local leadership with an emphasis on new leaders from groups that experience disparities of all types
- Implement trauma informed care practices in all care and service settings

## Invest in suicide prevention

- Implement strategies that create positive social connections (e.g. mentors, peer programs and supports)
- Adopt Zero Suicide strategies by health care providers in all delivery settings
- Implement the U Matter program for grades 7-12
- Integrate mental health services, substance use treatment and primary care

# Strategies for Healthy Living and Aging: Chronic Disease

- Develop supportive policies and environments on physical activity, nutrition, tobacco and substance use in municipalities, worksites and other sectors
- Implement school wellness plans and policies that support healthy behaviors, resilient youth, and healthy school environments (e.g. 3-4-50)
- Implement youth empowerment groups in school districts with highest tobacco use and coordinate prevention efforts with area tobacco coalitions (e.g. VKAT/OVX)
- Provide no cost tobacco cessation counseling through 802Quits.
- Implement Ask/Advise/Refer consistently in medical practices
- Support self-management programs for chronic disease, tobacco use and mental health
- Utilize electronic health records to identify and manage chronic diseases and the behaviors that lead to them.
- 19 □ Adopt HIAP/3-4-50 across all government agencies

# Strategies for Healthy Living and Aging: Substance Use

- Promote policies and norms that reduce access to substances and discourage early and harmful use
  - Restrict outlet density/location, hours of service, advertising and promotions;
  - Regulate placement of outlets, consumption in public spaces, etc. in regional and town plans
  - Create substance free zones in areas where youth congregate
  
- Expand opportunities to build resilience and protective factors among youth and implement substance use prevention programs for youth experiencing stress; examples include:
  - Peer Empowerment and Support Groups
  - Youth MH First Aid training; Youth empowerment groups; Vermont Afterschool
  - Development of restorative school policies with youth involved
  
- Create Peer Resiliency and Recovery Supports: Provide training, coaching, and other community-based strategies that promote mental health and make substance use peer recovery supports more accessible
  
- Implement Screening, Brief Intervention and Navigation Services (SBINS)

# Institutional Practices for Increasing Equity

- Provide **culturally and linguistically appropriate care** in all health care settings
- Apply knowledge and training around **bias** and **structural racism** in program and policy work
- Incorporate the **roots of inequity** in work **across sectors** and into Health In All Policies
- Develop and implement health **equity grant writing plans** and **contracting policies**
- Engage in **meaningful ways** with **communities experiencing inequities** in order to develop a **shared agenda** to advance health equity

# Chart Walk

- Notice areas of current activity
- Consider opportunities for connecting strategies based on approach and/or population

# Table Discussions

- Which of these strategies are most “ready” with our priority populations? Where is there energy to move forward?
- What work is needed to ensure the implementation of these strategies with our priority populations in mind?
- What lessons do I have for working with the priority populations based on equity?

# Priority Populations and Outcomes

2018-2023	Disability	LGBTQ	People of Color	Low SES	Other
Childhood Development				x	x
Chronic Disease	x	x	x	x	x
Mental Health		x	x		x
Oral Health	x			x	x
Substance Use		x	x		
Cross-cutting Co-occurring	x	x	x	x	x

# Cross-Cutting Strategies

- Implement policies and invest in **infrastructure** to create healthy communities
- Invest in community **capacity** building
- Invest in programs that promote **resilience**
- Expand **access** to person-centered care
- **Integrate** care and services
- Implement **institutional changes** for equity

# Strategies\* Aimed at Specific Social Conditions

Condition	Strategy
Food	link healthy, local food with health care systems and develop, fund, and implement projects such as “food as medicine”
Housing	home improvement loans and grants for weatherization
Transportation	public transit to increase community connectivity, access to services and reduce isolation
Income/Economic Stability	family wellness policies, including paid family leave and breastfeeding
Education	high quality, affordable, and accessible education (early care and learning, pre-K, K-12, higher education)

# Build Resiliency and Social Connection

Health outcome	Strategy
Optimal Child Development	Strengthen parental resilience, social connections, concrete supports, knowledge of parenting and child development, social and emotional competence of children
	Expand home visiting to all of Vermont families when new children join their homes and lives
Healthy Living and Healthy Aging	Implement school health and other programs related to substance use for youth experiencing stress and at highest risk
	Implement youth empowerment groups, (e.g. Our Voices Exposed and Vermont Kids Against Tobacco), in school districts and with students at highest risk
Mental health and wellness	Develop local leadership to address Adverse Childhood Events ( <i>Building Flourishing Communities</i> )
	Promote <i>UMatter</i> for grades 7-12
Transportation	Invest in public transit to connect communities and prevent social isolation

# Expand Person-Centered Care and Services

Optimal Child Development	
Oral Health	Expand oral health services in alternative settings (e.g. community clinics, schools, home visiting, nursing homes)
	Explore and pilot innovative payment and service delivery models to improve access to and the quality of dental care in Vermont
Healthy Living and Aging	Provide accessible, no cost tobacco cessation counseling through 802Quits
Mental Health and Wellness	Expand scope and create value-based payments for Mental Health, Long-term Care and Supports to incentivize integrated health system
Health System Transformation	Invest in telemedicine, and ensure state-wide access to all telemedicine modalities (text, email, video, etc.) to increase access to care for all Vermonters, including those who live in rural areas, lack transportation, or are homebound.

# Integrate Care and Services

Optimal Child Development	Create universal screening and referrals for children in early care, education and all healthcare settings
Oral Health	Integrate Oral Health as part of prenatal care, well-child care, and primary care
Healthy Living and Aging	Implement Screening, Brief Intervention and Navigation Services (for ) and Ask/Advise/Refer (for tobacco, physical activity and nutrition).
	Connect individuals to self-management programs for chronic disease, tobacco use, substance use and mental health.
Health System Transformation	Integrate physical health, mental health and substance use care and services in various settings
	Increase predictability of healthcare payments to allow providers and health care organizations opportunities to use funds more flexibly to invest in community and social needs – e.g. “Food as Medicine” and “Housing as Health Care”
	Align financial incentives with desired outcomes

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