



Vermont State Health Assessment • 2018

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State Health Assessment and Plan

State Health Assessment =

What do we know about the health of Vermonters?

State Health Improvement Plan =

What are we going to do about it?

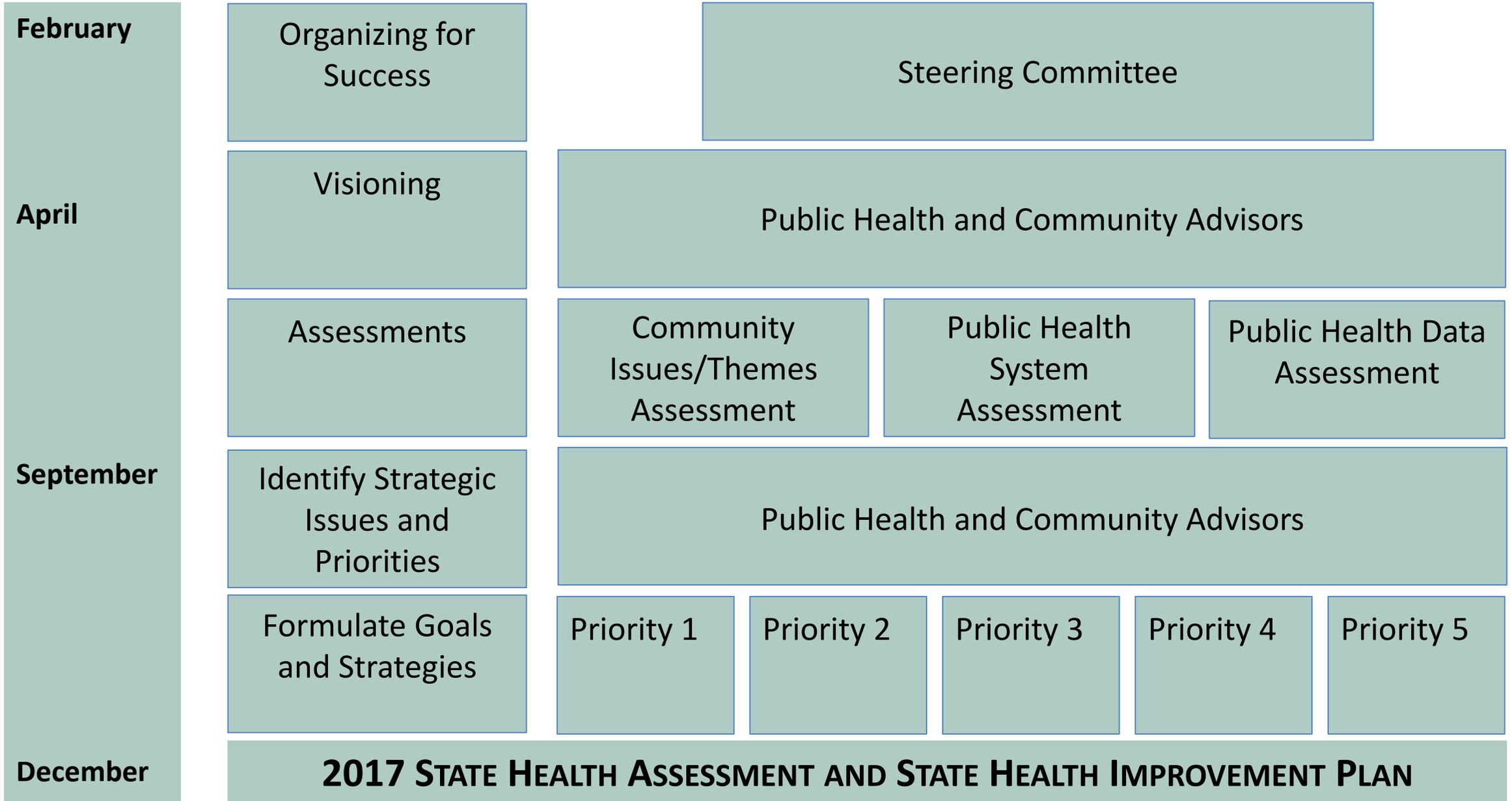
Which populations are most affected?

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 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.**

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Priorities from the State Health Assessment

Health Conditions/Outcomes

- ❑ Child Development (*chD*)
- ❑ Chronic Disease (*CD*)
- ❑ Mental Health (*MH*)
- ❑ Oral Health (*OH*)
- ❑ Substance Use Disorder (*SU*)

Social Conditions (*SDOH*)

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

Priority Populations and Outcomes

2018-2023	Disability	LGBTQ	People of Color	Low SES	Other
Child Development	x		x	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			

Selecting Strategies

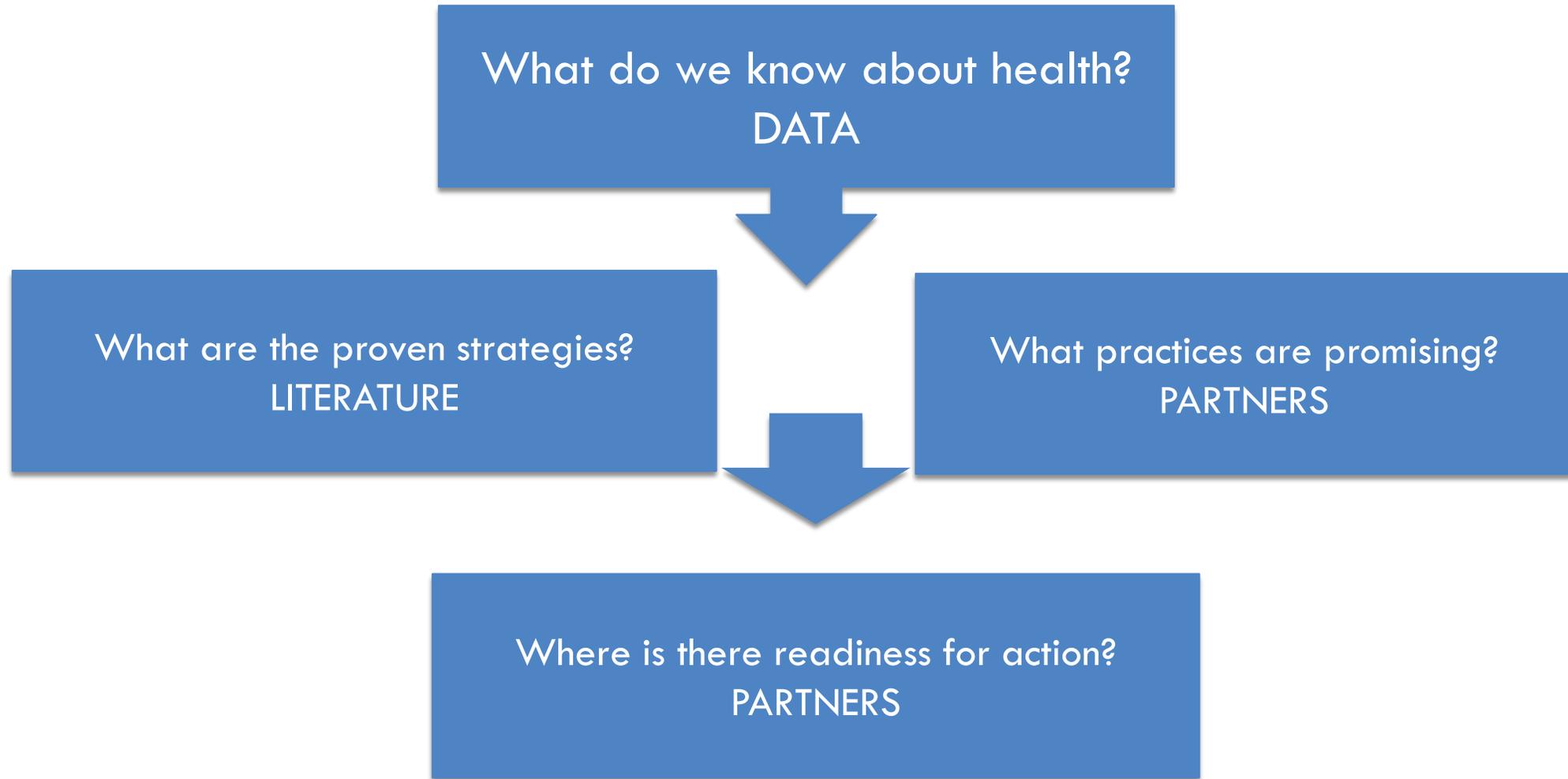
Process used to identify strategies

Recommended draft strategies

Suggestion for finalizing strategies

Appendix A: Results from the Advisory Committee Meetings

Process Used



Recommended Draft Strategies

Added in the top strategies from each outcome area (e.g. oral health, substance use)

Highlighted HI-5*

Sorted ratings by overarching themes

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.

<https://www.cdc.gov/policy/hst/hi5/interventions/index.html>

OUTCOMES

Priority Outcomes:

- All people in Vermont have a fair and just opportunity to be healthy and live in healthy communities
- Vermonters have the resources needed 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

STRATEGIES

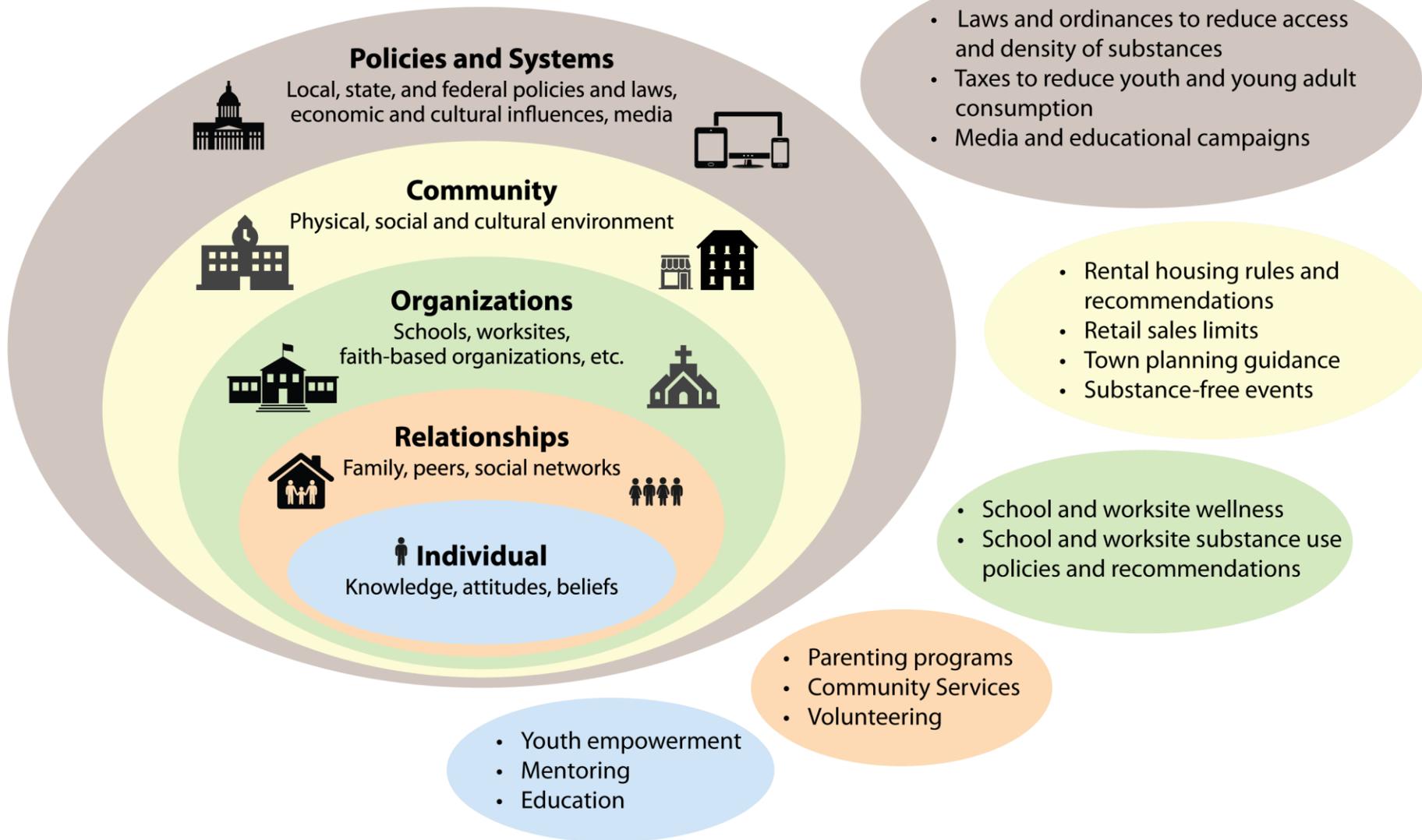
Invest in community infrastructure and policies for health

Build individual and community resilience, connection, and belonging

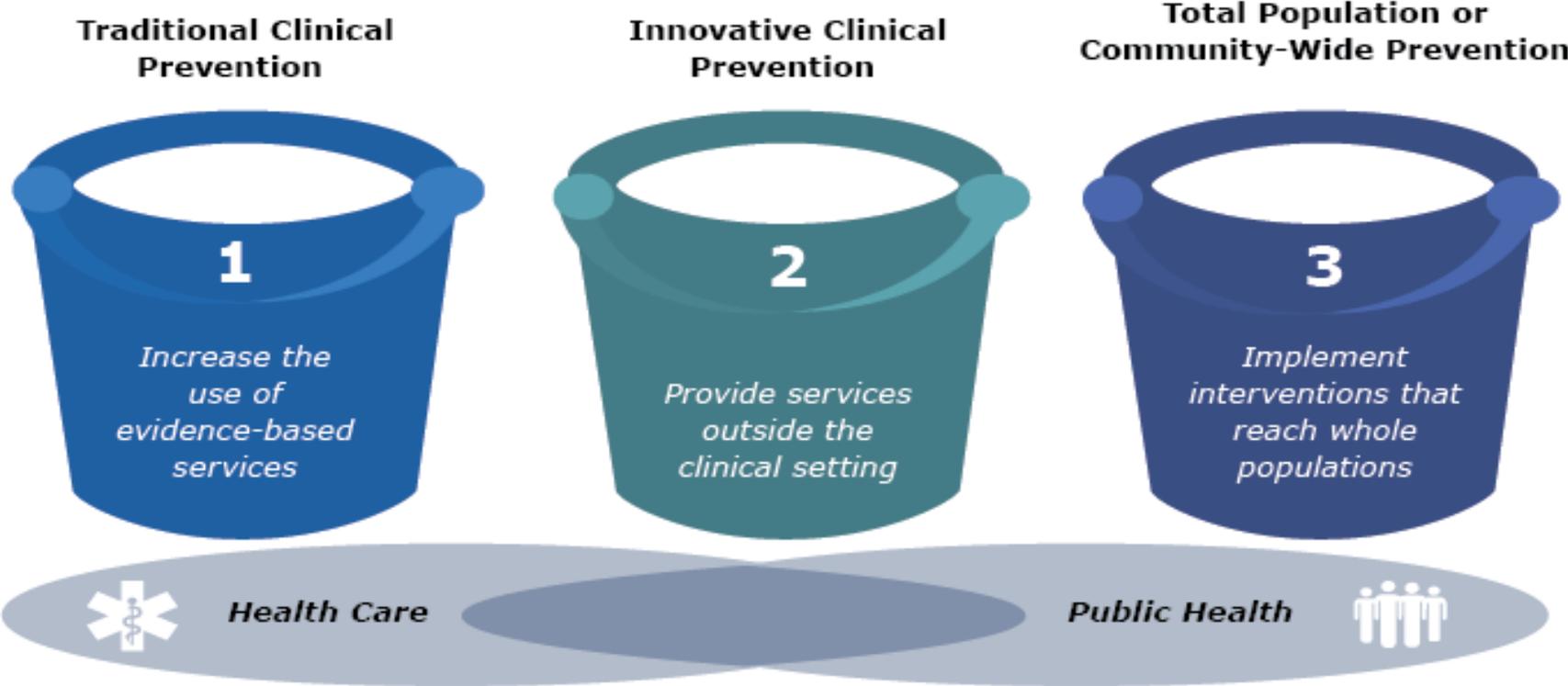
Increase access to integrated care (physical, oral, mental health)

Address structural inequities

Substance Misuse Prevention Model



Framework for Strategies with Health Care Partners



To read more: <http://journal.lww.com/jphmp/toc/publishahead>



Priorities from the State Health Assessment

Health Conditions/Outcomes

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Social Conditions (*SDOH*)

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Cross-Cutting Strategies

- Implement **organizational** and **institutional changes** for equity
- Implement policies and invest in **infrastructure** to create healthy communities
- Invest in programs that promote individual and community **resilience, connection** and **belonging**
- Expand **access** to **integrated** person-centered care and services

Adopt Organizational and Institutional Practices for Increasing Equity

- Engage in meaningful ways with communities experiencing inequities in order to develop a shared agenda to advance health equity
- Apply knowledge about bias and structural racism in developing programs, policies and budgets
- Provide culturally and linguistically appropriate care and services
- Incorporate the roots of inequity in work across sectors

Invest in **Infrastructure** to Create Healthy Communities

- ❑ Promote policies and norms related physical activity, nutrition, tobacco and substance use in municipalities, worksites and other sectors (*chD, CD, SU, SDOH*)
- ❑ Create incentives and flexibility for primary prevention efforts such as “Food as medicine” and “Housing as healthcare” (*SDOH*)
- ❑ 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 and social determinants (*SDOH*)
- ❑ Expand loans and grants for housing and weatherization* (*SDOH*)
- ❑ Create shared investments and partnerships for transportation to increase connectivity and reduce isolation* (*SDOH, MH*)
- ❑ Expand community water fluoridation* (*OH*)

Invest in programs that promote individual and community resilience, connection and belonging

- ❑ Expand access to an array of home visiting services for families with and expecting young children (chD, CD, MH, SU)
- ❑ Promote the *Help Me Grow* cross-sector system that is informed by family voice to 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)* (chD, CD, MH, SU)
- ❑ Expand opportunities in the community to build resilience and protective factors among youth (mentors, peer programs and supports) (chD, CD, MH, SU)
- ❑ Implement school health and wellness plans, policies, programs to support healthy behaviors, resilient youth, and positive school environments* (chD, CD, MH, SU)
- ❑ Create community-based recovery supports such as: training, coaching, and peer services (MH, SU)

Expand **Access** to Integrated Person-Centered Care

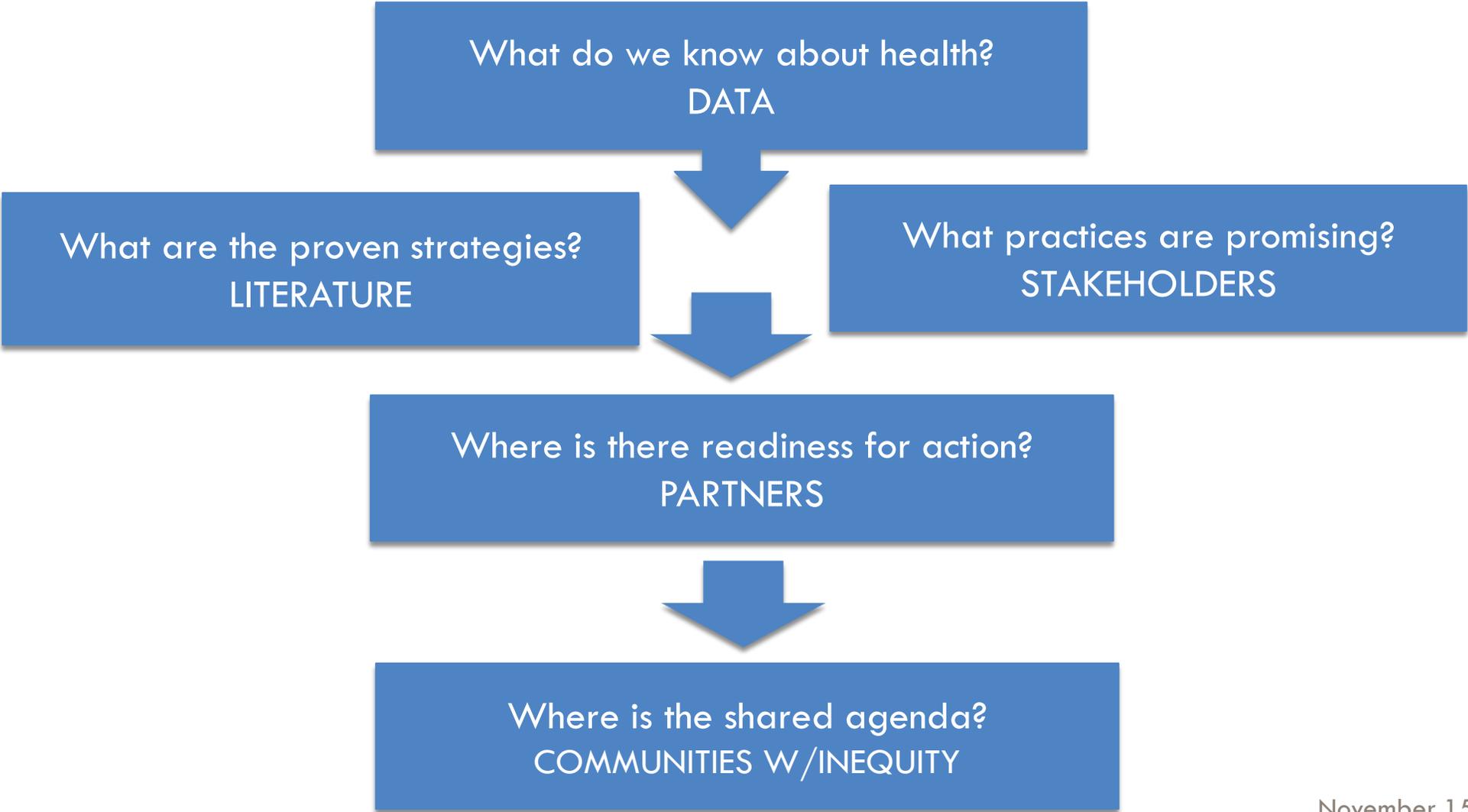
- ❑ Create integrated care for primary care (including pediatric), mental health, substance use disorder and oral health (**chD**, **CD**, **OH**, **MH**, **SU**)
- ❑ Create universal developmental screening and referrals for children and their families in early care, education and health settings (**chD**, **CD**, **MH**, **SU**)
- ❑ Implement screening for the social determinants, brief intervention and navigation to services for all children and families in health care practice settings (**SDOH**)
- ❑ Improve access to and the quality of dental care by integrating oral health into health/medical homes and alternative settings (e.g. community clinics, schools, home visiting, nursing homes), including Telehealth (**OH**)
- ❑ Promote social and emotional developmental of all children through cross sector practice improvement and professional development for our early care and learning providers (**chD**, **CD**, **MH**, **SU**)



Finalizing Strategies



Finalizing Strategies



Implementation Plan: Year One

- Identify existing relationships and connections with populations experiencing inequities: LGBTQ, populations of color, people with disabilities, lower SES
- Learn from others on developing meaningful relationships
- Develop a shared agenda and implementation plan with the populations affected

Appendix A: Advisory Committee Results

Offer additions based on intersection with partner's current work

Sign up for development of the implementation plan

Identify strategies most "ready" with our priority populations - where is there energy/support to move forward

November 2018

Institutional Practices for Increasing Equity

1. Provide **culturally and linguistically appropriate care** in all health care settings **(6)**
2. Apply knowledge and training around **bias** and **structural racism** in program and policy work **(9)**
3. Incorporate the **roots of inequity** in work **across sectors** and into Health In All Policies **(7)**
4. Develop and implement health **equity grant writing plans** and **contracting policies** **(7)**
5. Engage in **meaningful ways** with **communities experiencing inequities** in order to develop a **shared agenda** to advance health equity **(18)**

Strategies for Healthy Communities

6. Expand existing successful strategies that invest in community infrastructure and support sustainable development (e.g. *Healthy Community Design* and 3-4-50; *Better Connections*) (14)
7. 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 (14)
8. Expand home improvement loans and grants for weatherization* (4)
9. Invest in modes of transporting the public to increase community connectivity, access to services and reduce isolation* (5)
10. Provide family wellness policies, paid family leave and access to childcare (4)
11. Provide high quality, affordable, and accessible early childhood education* (5)
12. 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.

Health System Transformation Strategies

13. 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 (12)
14. Create financial incentives and flexibility to develop/embrace health system investments that address social conditions such as “food as medicine” and “housing as healthcare” (17)
15. Create integrated care settings for primary care (including pediatric), mental health, substance use disorder and oral health (7)
16. Use Electronic Health Records and other Health Information Technology in support of identification and management of chronic disease (6)
17. 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. (7)

Strategies for Optimal Child Development

18. In early care, education and health settings, screen all children for development at recommended intervals. (5)
19. 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 (5)
20. Promote a centralized access point to assist families and professionals in connecting children to developmental resources, community-based programs and services (6)
21. Expand access to an array of home visiting services for pregnant women and families (3)
22. 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 (7)
23. Advance family wellness policies, including paid family leave, breastfeeding, access to high-quality affordable child care, and anti-poverty programs (5)
24. Promote access to high quality affordable early care and learning opportunities (2)
25. 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) (12)

Strategies for Oral Health

26. Explore and pilot innovative payment and service delivery models to improve access to and the quality of dental care in Vermont (3)
27. Ensure all Vermonters have adequate dental insurance for preventive care and special services (7)
28. Integrate oral health into patient centered medical homes (including prenatal care, pediatric well child care, chronic disease) (8)
29. Expand oral health services in alternative settings (e.g. community clinics, schools, home visiting, nursing homes), including Telehealth (11)
30. Provide resources to dental professionals so that they are better prepared to treat Vermonters with disabilities (6)
31. Increase access to community water fluoridation*

Strategies for Mental Health and Well-being

Expand Implementation of trauma-informed approaches

32. Create a knowledge base about early childhood development, early adversity and its effects on behavior and health outcomes (12)
33. Adopt *Building Flourishing Communities* framework and develop local leadership with an emphasis on new leaders from groups that experience disparities of all types (7)
34. Implement trauma informed care practices in all care and service settings (8)

Invest in suicide prevention

35. Implement strategies that create positive social connections (e.g. mentors, peer programs and supports) (11)
36. Adopt Zero Suicide strategies by health care providers in all delivery settings (2)
37. Implement the U Matter program for grades 7-12 (5)
38. Integrate mental health services, substance use treatment and primary care (9)

* See Strategies for Optimal Child Development

Strategies for Chronic Disease

39. Develop supportive policies and environments on physical activity, nutrition, tobacco and substance use in municipalities, worksites and other sectors (12)
40. Implement school wellness plans and policies that support healthy behaviors, resilient youth, and healthy school environments (e.g. 3-4-50) (10)
41. Implement youth empowerment groups in school districts with highest tobacco use and coordinate prevention efforts with area tobacco coalitions (e.g. VKAT/OVX) (3)
42. Provide no cost tobacco cessation counseling through 802Quits. (1)
43. Implement Ask/Advise/Refer consistently in medical practices (4)
44. Support self-management programs for chronic disease, tobacco use and mental health (8)
45. Utilize electronic health records to identify and manage chronic diseases and the behaviors that lead to them. (4)
46. Adopt HIAP/3-4-50 across all government agencies (2)

Strategies for Substance Use

47. 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 (13)

48. Implement Screening, Brief Intervention and Navigation Services (SBINS) (10)

Promote policies and norms that reduce access to substances and discourage early and harmful use

49. Restrict outlet density/location, hours of service, advertising and promotions; (3)

50. Regulate placement of outlets, consumption in public spaces, etc. in regional and town plans (3)

51. Create substance free zones in areas where youth congregate (5)

Expand opportunities to build resilience and protective factors among youth and implement substance use prevention programs for youth experiencing stress; examples include:

52. Peer Empowerment and Support Groups (5)

53. Youth MH First Aid training; Youth empowerment groups; Vermont Afterschool (9)

54. Development of restorative school policies with youth involved (5)

Ratings by participants

Top areas of interest and action identified by those in the room

Just by the numbers:

- Engage in **meaningful ways** with **communities experiencing inequities** in order to develop a **shared agenda** to advance health equity **(18)**
- Create financial incentives and flexibility to develop/embrace health system investments that address social conditions such as “food as medicine” and “housing as healthcare” **(17)**
- Expand existing successful strategies that invest in community infrastructure and support sustainable development (e.g. Healthy Community Design and 3-4-50; Better Connections) **(14)**
- 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 **(14)**
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- 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 **(12)**
- 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) **(12)**

- Create a knowledge base about early childhood development, early adversity and its effects on behavior and health outcomes (12)
- Develop supportive policies and environments on physical activity, nutrition, tobacco and substance use in municipalities, worksites and other sectors (12)
- Expand oral health services in alternative settings (e.g. community clinics, schools, home visiting, nursing homes), including Telehealth (11)
- implement strategies that create positive social connections (e.g. mentors, peer programs and supports) (11)
- Implement school wellness plans and policies that support healthy behaviors, resilient youth, and healthy school environments (e.g. 3-4-50) (10)
- Implement Screening, Brief Intervention and Navigation Services (SBINS) (10)
- Apply knowledge and training around bias and structural racism in program and policy work (9)
- Integrate oral health into patient centered medical homes (including prenatal care, pediatric well child care, chronic disease) (8)