Community Health Improvement Plan

2022 - 2025





Central Vermont Medical Center

What is a Community Health Improvement Plan (CHIP)?

A CHIP helps organizations move from data to action to address priority health needs identified in the Community Health Needs Assessment (CHNA).

The CHIP serves as a guide for strategic planning and a tool by which to measure impact by detailing goals objectives and strategies over the three-year reporting timeframe.

Anchoring initiatives and community benefit activities to measurable objectives, the CHIP creates a framework for determining the impact of collective action towards community health.

Community Input

Like the CHNA, the CHIP reflects input from diverse stakeholders and helps foster collaboration among community-based organizations. Community health priorities for CVMC were developed in collaboration with THRIVE, the regional Accountable Community for Health (ACH). This multi-agency coalition, made up of health providers, social service agencies, government, civic, and numerous other community partners, is dedicated to improving health for the residents of Washington and Northern Orange counties.

Experts and lay community members alike provided input to define and recommend solutions to the historical and day-to-day challenges in our community. Together, this input provided diverse perspectives on health trends, helped us better understand lived experiences among historically disenfranchised and underserved populations, and provided insights into service delivery gaps that contribute to health disparities and inequities.



Alignment with Vermont Department of Health SHIP

Health needs identified in the CHNA research were confirmed by community stakeholders and refined through collaborative discussion.

Local concerns were then aligned with the statewide health priorities in the Vermont Department of Health 2019-2023 State Health Improvement Plan (SHIP). This approach ensures priority areas reflect local concerns and community-generated strategies for action while establishing a connection to statewide initiatives.

The table below shows the identified health needs in Central Vermont and the alignment of these issues with priorities in the VT SHIP.

VT DOH 2019-2023 SHIP Priorities	Ce	ntral Vermont health priorities and local concerns
Chronic Disease Prevention	Chronic Disease Prevention	Aging population; disparities among underserved populations, access to primary and specialty care
Child Development & Oral Health	Child Health & Well-being	Childhood poverty, access to food, ACEs and trauma
Mental Health	Mental Health	Impact of COVID, increased isolation; youth risk factors; reduced local resources
Substance Use Prevention	Substance Use Disorders	Historically higher prevalence of SUD; increased overdose during COVID, reduced community capacity and limited funding
Social Determinants of Health	Social Drivers of Health	Childcare, economic stability, housing, transportation, impact of COVID; disparities among working poor, access to care barriers

Determining Community Health Priorities

To determine which priority needs CVMC is best positioned to address during this planning cycle, the CVMC leadership team considered CHNA research findings in conjunction with community recommendations, partners' input and activities, and CVMC's strategic initiatives. The medical center will focus community benefit initiatives on the following priority areas during the 2022-2025 planning cycle:

- Chronic Disease Prevention
- Mental Health
- Substance Use Disorders
- Social Drivers of Health

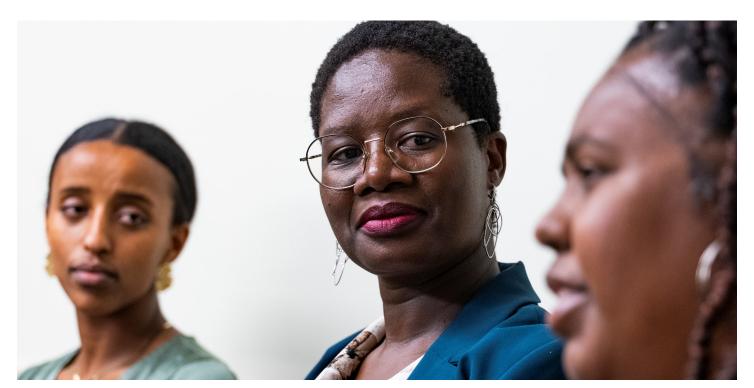
As a committed partner and funding agency for THRIVE, CVMC will continue to support the many initiatives of the collaborative including partners' work to address childhood poverty, trauma, and overall health and well-being.

Advancing Health Equity

The CHNA helped shine a light on the persistent disparities within our community that can be measured in poorer health and socioeconomic outcomes among disenfranchised communities. Feedback from experts and community residents alike confirmed the obligation for CVMC and other community-based organizations to intentionally undertake actions to advance health and social equity.

Local concerns align with the Vermont Department of Health SHIP which calls for the following statewide strategies to advance health and social equity:

- Close the health equity gap among population groups
- Focus on prevention as the highest priority for health
- Address the root causes of inequities
- Impact multiple health outcomes



UVM Health Network Health Equity Summit
October, 2022

CVMC and the University of Vermont Health Network are engaged in racial justice work and committed to advancing diversity, equity and inclusion (DEI).

Local action, supported by system-wide initiatives, is aimed at acknowledging and addressing racial disparities in health care outcomes. At CVMC, we are focusing our DEI efforts in three areas: within our workforce; in the care we deliver every day to our patients and Woodridge residents; and within the communities we serve.

Steps include: listening sessions with employees who identify as Black, Indigenous and People of Color (BIPOC); education and training for leaders, providers and staff; collecting candid and confidential feedback from our staff and patients on their experiences in our care settings; and community-wide conversations to build competencies and appreciation of the diversity of our community.

Developing a Plan for Health Improvement

Community health improvement requires collaboration among community-based organizations, policy makers, funders and many other partners. A CHIP is a guide to move from data collection to action to coordinate community resources and measure progress as a community.

The CVMC CHIP outlines goals and specific strategies to address our community's most pressing health needs. We will continue to monitor and share our progress toward these efforts during the 2022-2025 reporting cycle.

Diversity, Equity and Inclusion

Goal: Create a care environment that honors the diversity of our community, continually expands cultural knowledge, and adapts services to meet the culturally unique needs of patients, Woodridge residents, staff, and our community.

Objectives	Strategies
Increase cultural awareness and humility among staff and providers.	 Provide opportunities for leadership, staff, providers and community stakeholders to connect, share and learn via cross-cultural engagement in a safe, inclusive environment Incorporate diverse stakeholders on hospital-wide committees to develop organizational priorities for ensuring high-quality care Monitor and track patient experience surveys to ensure BIPOC patients experience consistently equitable care
Reduce disparities in outcomes among vulnerable patient populations.	 Accurately collect sexual orientation and gender identity (SOGI) and race ethnicity and language (REaL) data in medical records Track and compare patient treatment and outcomes across vulnerable populations Review hospital-wide processes to incorporate culturally and linguistically appropriate services (CLAS) Review hospital-wide communications for cultural sensitivity and health literacy
Encourage and seek input to improve health equity.	 Incorporate opportunities for qualitative input from patients, Woodridge residents, staff, providers and community stakeholders Support and cultivate opportunities for community-wide cross-cultural engagement Invite diverse stakeholders to serve on committees that advance patient care and inform hospital-wide policies
Increase diversity of staff and providers.	 Cultivate awareness of health care careers within underserved communities Modify recruitment and hiring processes to attract and support diverse staff and invest in workforce career ladders for entry-level positions Grow workforce pipelines, including international staff recruitment, to shepherd diverse candidates through hiring and successful long-term employment
Support a sustainable and equitable community.	 Evaluate hiring and supply chain processes Explore opportunities for local economic investment Purchase goods from local and diverse vendors Contribute expertise to advance community initiatives

Chronic Disease Prevention

Goal: Identify barriers and change processes to ensure equitable access to health care and community-based services.

Objectives	Strategies
Promote UVM Health Network population health management strategy through improved clinical communication and coordination of care.	Continue the development and implementation of our primary care delivery model and the UVM Health Network Population Health Services Organization (PHSO). The intent is to create an extended care team of resources including care coordination, social services, health coaching, and mental health and resource coordination to positively impact clinical health outcomes for our patients, Woodridge residents and our community, while maximizing the value of the services we provide.
Reduce disparities in chronic disease prevalence and death rates.	CVMC Primary Care and community partners will identify collaborative opportunities to improve care and service.
Adopt organizational and institutional practices that advance equity.	Partner with CVMC DEI Committee and the Pride Center of Vermont to improve cultural competence of providers and adopt inclusive health care environments. Assess existing patient education materials for literacy levels and language availability.



Mental Health

Goal: Strengthen and support community initiatives that promote mental wellness, recovery and resilience.

Objectives	Strategies
Improve access to mental health services and support the continuum of care.	CVMC will advance behavioral health integration within our primary care practices and leverage the PHSO mental health resource model to extend resources in our primary care practices.
Support access to mental wellness services within the community.	Work with community partners to support community mental health education and mental wellness programs (e.g., physical activity, yoga, meditation).



Substance Use Disorders

Goal: Strengthen and support a harmonized network where there is no wrong door, no wrong time to get help and support for substance use disorders, and to prevent the initiation of substance use.

(adapted from Central Vermont Prevention Council mission)

Objectives	Strategies
Improve access to substance use disorder services and supports along a full continuum of care.	 CVMC providers, leaders and community partners will collaborate and support stronger integration of substance use interventions. Peer recovery/support services in both community and emergency department settings Access to medication-assisted treatment (MAT) in the emergency department and coordination of follow-up treatment Education and training related to distribution and use of opioid overdose reversal medications Education and training related to opioid prescribing, chronic pain management, and MAT protocols for prescribing practitioners
Promote a "community-wide systems" framework for the prevention and treatment of substance use disorders.	 CVMC serves as the convener for the Central Vermont Prevention Coalition (CVPC). Support CVPC in building safe harbor initiatives to prevent substance use Analyze and understand the impact of COVID-19 Support elimination of stigma and misunderstanding of substance use Address equitable and affordable access to services
Improve access to treatment and services for alcohol use disorders.	In partnership with community agencies and peer recovery services, support the Refocus On Alcohol Dependence (ROAD) program, an innovative hub/spoke approach to outpatient detox services.

Social Determinants of Health

Goal: Strengthen and support community initiatives that create social conditions that promote health.

Objectives	Strategies
Support policies and infrastructure that create healthy communities.	 Conduct SDoH patient screening and partner with community agencies to align referrals and care management resources to meet identified needs Serve as the convener for THRIVE, the regional Accountable Community for Health Partner with THRIVE to implement the Working Communities Challenge to lower the rate of single female heads of household in poverty Partner with Vermont Youth Conservation Corps to continue the Health Care Share program to connect patients with fresh, local food Partner with Vermont Foodbank and sponsor VeggieVanGo food distribution Explore opportunities to improve childcare and housing access for CVMC employees
Support programs that promote resilience, connection, and belonging.	 Support THRIVE strategic focus areas, including financial and food security for residents, homelessness health and well-being, social connection and digital equity, and community engagement Support, promote, and participate in programs and initiatives to educate the community on health disparities and inequities



For More Information Please visit cvmc.org/CHNA to learn more about CVMC's community health improvement initiatives.

