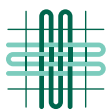




2023



Dartmouth  
Health

Mt. Ascutney Hospital  
and Health Center



COMMUNITY  
HEALTH  
BENEFITS  
REPORT

## TABLE OF CONTENTS

<b>Introduction</b>	2
<b>Health Equity</b>	3
<b>Prevention</b>	4
Mt. Ascutney Prevention Partnership	5
Family Wellness Program	7
DULCE	9
<b>Substance Use</b>	10
Addressing Stigma	11
Overdose Prevention	11
<b>Social Services</b>	12
Mt. Ascutney Health Connections	13
Volunteers in Action	14
Windsor Resource Center	15
VeggieVanGo and Other Food Security Efforts	16
<b>Community Health Implementation Plan (CHIP) Workgroups</b>	17
<b>Community Health by the Numbers</b>	21

This fiscal year 2023 report was prepared by:

**Melanie P. Sheehan, MPH, Director of Community Health**  
Mt. Ascutney Hospital and Health Center

# Introduction

**Community health is a branch of healthcare and public health that focuses on factors that contribute to overall health that are not related to genetics or personal biology. Our programs and efforts often address social and economic factors that help persons to sustain emotional and physical well-being.**

## COMMUNITY HEALTH

- Makes health services more accessible and affordable
- Prevents or lowers the risk of illness or disease
- Supports healthcare by avoiding revenue loss
- Engages in policy work to establish regulations that protect health
- Promotes health through public information that establishes healthy community norms

At Mt. Ascutney Hospital and Health Center (MAHHC), our Community Health Department offers programs that help people afford necessary health services, learn skills to manage chronic disease, focus on wellness in the family and community, provide transportation, and much more.

We welcome and invite you to read this 2023 Community Benefits report, which shares our programs and progress for fiscal year October 1, 2022 through September 30, 2023. Along with our progress updates, we wish to thank the hundreds of partners woven throughout our vast network of social service organizations that support and advance the work of improving the lives of those we serve.

### Community Health Pillars in 2023:



At the center of the circles is where Community Health collaborates with clinical efforts within primary care and the healthcare system to support community conditions that support and improve population health. Addressing health equity is also an integral component of improving health and is an over-arching theme in the work of Community Health.

The following report is organized to highlight the programs



and progress within each pillar described above. Health equity is summarized in the next section, and highlights with more detail are also offered throughout.

We will also provide a report on our Community Health Improvement Plan (CHIP) workgroups. These groups are how we improve our communities by working with nearly 100 partners and organizations.


**Health Equity is a focus of Community Health work as a means to overcome preventable differences (health disparities) in the burden of disease, injury, or access to care. Many populations experience health disparities including racial and ethnic groups, LGBTQIA+ persons (lesbian, gay, bisexual, transgender, queer, intersex, or other), and persons living with substance use or mental health conditions, physical or developmental disabilities, and/or persons with limited language proficiency.**

Through assessment of multi-year data in our region, health disparities related to poverty, race/ethnicity, and gender identity are evident. Most prevalent in our region is economic disparity. MAHHC Community Health programs and initiatives are offered free of charge to our consumers. While health equity highlights in greater detail are offered in the following report pages, the following themes show how Community Health addresses health disparities in our healthcare systems and in our communities:


## ADDRESSING STIGMA

Decades long stigmatization of substance use and mental health conditions has created a barrier to seek help and contributed to feelings of unworthiness.

- Through services like Recovery Coaching and Medication Assisted Treatment in our health system as well as community-based overdose prevention, we are attempting to repair the harms of stigma, putting human dignity at the center of our program design.



Changing how we talk about needs has been a focus of our work for the last several years. We develop social media messaging aimed at reducing barriers to getting important resources.



**WATCH VIDEO**

- Embracing harm reduction is a way to understand that addiction is a disease. Our programs build relationships with persons who use substances, helping them with their health needs, because they are worthy of care and support.

## PROVIDING TRANSPORTATION

- The development of a public micro-transit system and leveraging Volunteers in Action services avoids cancellation of medical appointments and procedures. This means more equitable access to healthcare and preventative services.
- In addition to medical care, transportation and volunteer services allow those without transportation or help at home to access food resources and social services appointments, rides to jobs for financial security, and more.

## FINANCIAL SUPPORTS

- [Options for Stretching Your Grocery Budget](#)
- Increasing access to healthy, affordable food for all can improve nutrition and health across the lifespan; we have compiled several food resources across the area and made it easier to share through a Stretch Your Grocery budget website.
- Poverty and poor health outcomes are very difficult to separate. Several of our programs offer navigation to economic, employment, and job access services. Also to state and social services programs that assist with housing, home heating and/or repair services, and care management.



**Scan to Learn More**



# HEALTHY YOUTH AND FAMILIES, THROUGH PREVENTION

Several factors in our culture and society can influence a child or a family's life for better or worse. Managing risk factors and building protective factors can contribute to lifelong, positive impacts.

We know, through public health science that, young people with multiple risk factors have a greater likelihood of developing a condition that impacts their physical or mental health; and young people with multiple protective factors are at a reduced risk.

The purpose of our substance use prevention efforts and Family Wellness Program are to work on such risk and protective factors.



The Mt. Ascutney Prevention Partnership (MAPP) is part of the Community Health Department at MAHHC. MAPP was created in 1998 to focus on prevention. We help strengthen community connections and build environments that promote health and value well-being for all. Our goal is to promote health with a particular focus on the prevention of substance misuse and equitable access to improve physical health, ensuring that individuals feel valued by their community.



Mt. Ascutney  
**PREVENTION  
PARTNERSHIP**

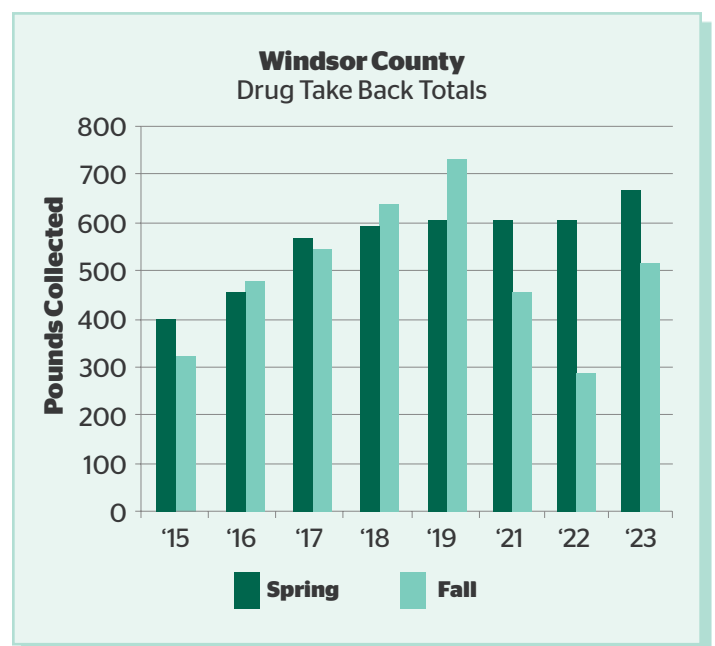
For more information, visit: [mappvt.org](http://mappvt.org)  
and follow us on [facebook.com/mappvt.org](https://facebook.com/mappvt.org)

## PROGRESS

- MAPP provided **1710** tobacco and vaping cessation promotional items at 3 community events as well as through 11 hospital, school, and community partners
- Supported **307** area families through the regional school supply drive
- Sub-awarded **\$12,355.52** to community organizations for prevention projects
- Continued to support the Windsor Southeast School District with updated [Vaping](#) and [Cannabis](#) Prevention Curricula through Stanford Medicine
- MAPP also worked with TRORC to develop a comprehensive resource for towns implementing Health Chapters by cataloging all of the goals, policies, and recommendations from Health Chapters around the state
- Participated in several safe disposal of medication initiatives:
  - 144% increase in the # of mail-back medication bag requests due to promotion efforts
  - Mail-back bag return rate for WRJ health district is 25%, on par with the state
  - MAPP continues to work with Windsor County Sheriff to coordinate and promote Drug Take Back Day, there were 1,179 pounds of unused medications collected in 2023



- Supported 50% of the salary of a new Student Assistance Professional to provide substance use prevention education and individual support for students with substance use-related concerns
- With support from MAPP, Hartford Community Coalition (HCC), and Two Rivers Ottauquechee Regional Commission (TRORC), the towns of Woodstock and Hartford added language covering vaping, tobacco substitutes, and cannabis to their existing Smoke-Free Parks ordinances





# Health Equity

Substance misuse prevention efforts are aimed at understanding the root causes and social factors that make the risk of substance use higher. Understanding what factors are protective and how to build them is key. A compiled [Disparities Impact Statement](#) shows that BIPOC and LGBTQIA+ youth experience bullying and other unwanted behaviors, resulting in increased self-harm at rates much higher than their White, Non-Hispanic, Heterosexual peers. To address these disparities, we ensure that 30% of our prevention sub-award grants go to schools and organizations working on health equity projects. In the reporting year, we also presented these disparity highlights from the 2021 Youth Risk Behavior Survey to the local school district and supervisory union school boards.

## DATA AND OUTCOMES

MAPP uses the biennial Youth Risk Behavior Survey, a national survey, to assess risk and protective factors. This data helps to identify where prevention resources are needed, and prioritize actions.

Visit [Youth Risk Data Dashboard](#) >>



### Performance Measures

	Time Period	Current Actual Value	Current Trend	Baseline % Change
+ I WSESU % of high school students who used cigarettes, cigars, smokeless tobacco, or electronic vapor products, past 30 days	2021	18%	↘ 1	-38% ↘
+ I WSESU % of high school students who used an electronic vapor product, past 30 days	2021	16%	↘ 1	-11% ↘
+ I WSESU % of high school students who smoked cigarettes, past 30 days	2021	5%	↗ 1	-44% ↘
+ I WSESU % of high school students who drank alcohol, past 30 days	2021	23%	↘ 2	-39% ↘
+ I WSESU % of high school students who binge drank, past 30 days	2021	9%	→ 1	-65% ↘
+ I WSESU % of high school students who used marijuana, past 30 days	2021	25%	↗ 1	-4% ↘
+ I WSESU % of middle school students who used cigarettes, cigars, smokeless tobacco, or electronic vapor products, past 30 days	2021	6%	↘ 1	20% ↗
+ I WSESU % of middle school students who used an electronic vapor product, past 30 days	2021	5	↘ 1	67% ↗
+ I WSESU % of middle school students who smoked cigarettes, past 30 days	2019	2%	→ 2	-33% ↘
+ I WSESU % middle school students who drank alcohol, past 30 days	2021	5%	↘ 1	-38% ↘
+ I WSESU % of middle school students who binge drank, past 30 days	2019	4%	↗ 1	0% →
+ I WSESU % middle school students who used marijuana, past 30 days	2021	3%	↘ 1	-50% ↘

The Family Wellness Program at MAHHC embeds a Family Wellness Coach and Family Wellness Therapist in the Pediatric Clinics of Mt. Ascutney Physicians Practice and Ottauquechee Health Center (OHC). This program is offered to all families of the clinics and provides care and support to families across a range of needs, from basic to complex. The Wellness Coach offers strategies and interventions with family wellness as a core focus to support healthy emotional and behavioral development.

The Wellness Therapist offers treatment to improve family functioning by addressing disruptive behaviors and offering solutions.

### PROGRESS:

- Provided Wellness Coach visits to **142** families, through **286** coaching sessions
- Provided **505** Family Therapist sessions



## Health Equity

The Family Wellness Coach and Strengthening Families Network programs have equity at the foundation, they are universally offered and welcoming to all with no eligibility or services fees.

Family Therapy is a billable service offered to all, regardless of ability to pay. Through eligibility screening, visits are either free or offered on a sliding scale.



The Family Wellness Coach is also the leader of a regional Strengthening Families Network (SFN) whose aim is to increase social connectedness of caregivers.

### PROGRESS:

- 10 groups of the Circle of Security Parenting Group, with a total of 78 participants
- Over 70 weekly playgroup sessions in the Woodstock and Windsor areas
- Shared communications with area partners regarding 6 other weekly playgroup offerings, including running social media campaigns to engage a wider group of parents
- Collaboration with the Greater Upper Valley Integrated Services Team to draft sustainability plans to regionalize these tactics, and expand offerings to be woven into the fabric of our communities

### IMPACT:

- From pre-/post-surveys, Circle of Security participants report an increase in comfort by having someone to give them advice and experience feeling more connected to each other and their community
- 82% of caregivers attend more than one playgroup
- 89% of playgroup participants report feeling a sense of belonging at playgroup, and 79% report feeling socially connected outside of playgroup, as a result of participating in the playgroup

*“So impressed with the cross organizational offerings for a rural area. Very grateful. With no grandparents or family around, these resources have been a real comfort.”*

- Playgroup Parent

*“I think this is something every parent should be offered, from the start, when you’re having your baby.”*

- Parent of 7 & 14 yr. old





Developmental Understanding and Legal Collaboration for Everyone (DULCE) is a unique collaboration between the Pediatric Clinics at OHC and MAHHC and area Parent-Child Centers. It is a universal approach to supporting families at unique times in parenthood. A DULCE case manager joins pediatricians during well-child visits from newborn through one year, and offers case management for families with children up to age five. During visits, the case manager uses a Newborn Observation tool and completes an early screening for possible areas of need. These services promote parent-child attachment and work to connect families to community resources as needed. This program is entering its 5th year within the MAHHC Pediatric Clinic.

## PROGRESS:

- DULCE Family Specialist was present at **202** routine pediatric health visits
- There were **247** completed DULCE visits, including in-clinic and home visits
- There were **47** children newly enrolled
- More than 20% of DULCE enrolled families are experiencing maternal mental health, food security, and financial support challenges.

---

## Health Equity

DULCE services are free to all families of the pediatric clinic, regardless of income level. In addition to the case manager support, enrolled families can receive free legal aid. These services are meant to decrease barriers to accessing health care. The case manager is a friendly person who can help families navigate the healthcare system, making it less intimidating and more welcoming.

## **ADDRESSING SUBSTANCE USE AND PREVENTING OVERDOSE**

Alcohol and substance use disorder can have a devastating impact on individuals, families, and communities. This has been a topic identified as a priority need in each Community Needs Assessment done since 2015. MAHHC continues to collaborate with area Treatment and Recovery partners to prevent and reduce alcohol and substance use. There is still work to be done, substance use trends continue to be of concern due to rising rates of overdose.





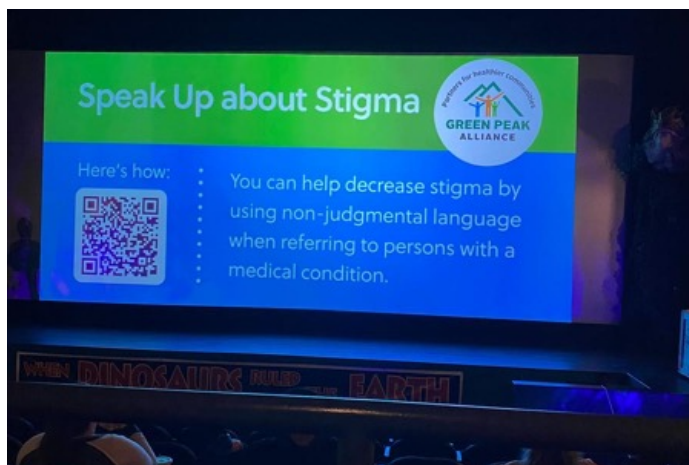
Encountering stigma from society can be a barrier to getting help for persons who use substances. Every human being is worthy of dignity and help, overcoming stigma is a key strategy for community health.

### PROGRESS:

- Continued [WeAreWorthwhile.org](http://WeAreWorthwhile.org) media campaign on Advanced Transit buses in the Upper Valley



- Garnered a Health Equity grant from the VT Department of Health to expand the We Are Worthwhile media campaign to include materials for provider practices and other new outreach channels such as the movie theater
- Distributed over **400** “[Overdose Happens. Make a Plan](#)” booklets to the community through a collaboration with a harm reduction partner organization



# Emergency Response and Overdose Prevention

**Overcoming stigma is also happening in our healthcare system, particularly in our Emergency Department. The MAHHC Emergency Department Medical Director and staff members are key Community Health Partners who have changed the emergency environment to be welcoming for all.**

### PROGRESS:

- Dispensed **20** Narcan kits to community members who requested (does not include Narcan used in the emergency department itself)
- Started **11** patients on substance use treatment medication protocols, referring to the local treatment provider within 24 hours

- Helped **15** patients with Alcohol Use Disorder get treatment through a medication pathway and safe, medically necessary detoxification protocols
  - MAHHC Emergency Department Medical Director presented at several state-wide conferences about these protocols, in an attempt to replicate the service across the region and state
- Continued to offer Recovery Coaching services in the Emergency Department
  - 58** referrals made to Recovery Coaches, 79% agreed to meet and accepted additional referrals for additional support
- Expanded Recovery Coaching to the Inpatient unit of MAHHC

## PROVIDING SOCIAL SERVICES

There are many aspects of our society that affect health, functioning, and quality of life that are not part of our human genetics. Many of these “drivers of health” are social conditions or environments where people live, work, play, worship, and age that can be a risk to our health.

Community Health efforts work to address these social conditions and meet people’s basic needs, to improve health outcomes. These efforts include transportation to medical appointments, better access to healthy, affordable food, financial help for medications or dental care, and more.





Mt. Ascutney Health Connections (formerly called Windsor Community Health Clinic), part of Vermont's Free and Referral Clinic systems, offers assistance to the uninsured or underinsured. Our goal is to eliminate barriers to obtaining healthcare. The need, these past several years, has been great after the end of the public health emergency and with changes to Vermont Medicaid. Money that was previously given has ended or reduced considerably. People are now trying to figure out how to stay housed and fed.

For more information, visit:

[mtascutneyhospital.org/centers-programs/mt-ascutney-health-connections](https://mtascutneyhospital.org/centers-programs/mt-ascutney-health-connections)



## PROGRESS:

- Served **243** clients in the reporting year
- Supported **114** clients to obtain some form of health insurance
- **96** gas cards, valued at **\$4,451**, were given out as part of the "Rides to Wellness" program
- **84** gas cards, valued at **\$1,802**, were given out as part of "Rides to Recovery" program
- **36** vouchers for medications were redeemed, valued at **\$20,450**
  - o Medication vouchers, combined with helping patients enroll in pharmaceutical assistance programs, helped clients access \$99,927 worth of medications
  - o By helping patients maintain their medication regimens, we are helping them to avoid poor health outcomes and high-cost medical interventions like the emergency department
- **18** vouchers for dental work were redeemed, valued at **\$10,170**

## Health Equity

Everyone should have a fair opportunity to reach their full health potential. However, we see that financial strain and poverty create a barrier to these opportunities. Programs like Health Connections, address health inequality by supporting those who need financial help to access important programs, services, food, and health insurance.



**Volunteers in Action (ViA) provides services that allow many individuals to stay in their homes and maintain independence as they age. ViA empowers people to help each other while maintaining dignity and supporting a sense of community and belonging.**

**Simply put ViA's motto is: Connecting and supporting neighbors helping neighbors!**

**For more information, visit:**  
[mtascutneyhospital.org/via](http://mtascutneyhospital.org/via)



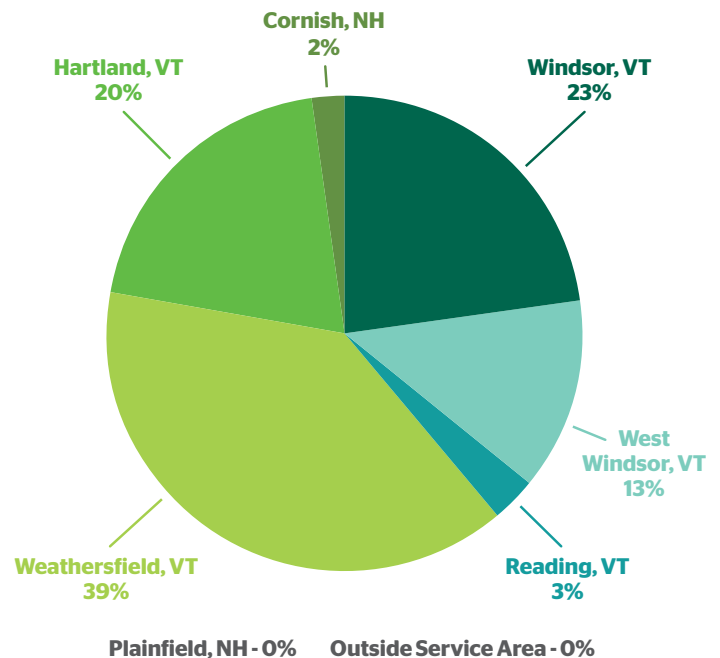
*"I couldn't come up with something negative to say about ViA if I tried. Each time I've called for help, I have been treated in the way I was brought up to treat others, with respect and decency. The volunteers that make up the greater team have all been wonderful. Thank you for all you do!"*

- Margaret from Windsor

## PROGRESS:

- Provided **1,940** rides through volunteers' trips, in service of neighbors, covering **16,962** miles (breakdown of mileage by service area town is charted to the right)
- Arranged for the delivery of approximately **19,000** "Meals on Wheels", covering approximately **20,000** miles
- Provided **210** rides, covering **4,300** miles as part of the "Rides to Wellness" program
- Provided **206** rides, covering **830** miles as part of the "Rides to Job Access" program
- Actively maintained a roster of **135** enrolled volunteers, **65%** active in the reporting year
- Worked with the local school district and food shelf staff to organize, facilitate, and deliver meals to **65** students in four area towns through a weekly summer meals program, spanning 3 months
- Volunteers continued to take care of those who are isolated through the friendly visiting program
- The Volunteer knitters created goods for donation, providing nearly **100** hats, **28** scarves, **40** shawls, **7** blankets, and nearly **100** sewn hearts

**Total Volunteer Miles Driven**  
(Excluding Meals on Wheels)



## Health Equity

Volunteers in Action is a necessary service to help community members overcome health disparities due to lack of transportation, help at home, or adequate food security. Volunteer drivers helped residents access healthcare appointments, routine screening procedures, recovery, and other wellness services that would otherwise not have occurred. The summer meals program is also an example of providing food security during the gap weeks of the summer meals program, along with supporting students who did not have transportation to attend the in-person meals.

The Windsor Resource Center's goal is to connect area residents to a wide variety of basic needs and goods as well as human services agencies. Our staff and partners who use the Center work to address homelessness, housing needs, and hunger on a community level. The results include better access to healthcare, social and educational services as well as increased social connections through Family/Child playgroups. The Giving Room at the resource center offers free clothing and personal care items through community donation and organized drives.

For more information, visit:

[mtascutneyhospital.org/centers-programs/windsor-resource-center](https://mtascutneyhospital.org/centers-programs/windsor-resource-center)



## PROGRESS:

- We saw a record number of **5,653** clients served
  - o 163% increase from last reporting year
  - o 66% increase in the highest number of clients ever served at the center, pre-pandemic
- There were a total of **5,120** social services visits, broken down as follows:
  - o 43% help for seniors with Senior Solutions, Area Agency on Aging
  - o 21% for mental health and/or substance use services
  - o 25% for meeting basic needs – giving room, shower/laundry, food & enrichment
  - o 11% for “other services” – employment, education, fuel assistance, housing, tax assistance, child/family services
- Established a satellite food cupboard to provide snacks and easy-to-make meals
- Hosts Panera bread donations on Wednesdays and vegetables monthly

*"The Windsor Resource Center has been the Yin to my Yang. The wonderful staff and the abundance of resources has helped me manage life as a single mom. The diaper bank, clothing closet, food shelf and most of all the laundry has kept me afloat. All hands up for this amazing place!"*

**- A.H. from Windsor**

## Health Equity

Providing systems of support, connecting to resources, and meeting basic needs helps to lessen social disadvantage and address health equity.

MAHHC Community Health staff, in conjunction with Volunteers in Action volunteers, provide site coordination for the VT Food Bank's VeggieVanGo program. Through this program, a fresh produce box truck comes to Windsor once a month to deliver food to anyone who participates.



The workings of a VeggieVanGo distribution.



Rodney the Rooster is a regular at VVG. Here he is seen enjoying St. Patrick's Day cabbage scraps.

## PROGRESS:

### VeggieVanGo:

- **3802** families served by VVG in the reporting year, a 2% decrease from last year
- Average of **345** families per month

### Other food security efforts by MAHHC:

- Provided ongoing food donation collection for distribution through the Windsor Food Shelf
- Donated 50 frozen turkeys to the Windsor Food Shelf Thanksgiving holiday food event
- Donated a large collection of food goods to the Windsor Food Shelf as part of the inaugural Jill Lord food drive event in June 2023



Retired Registered Nurse and Director of Community Health, Jill Lord, honored with a dedication food drive for her 30+ years of service at MAHHC.

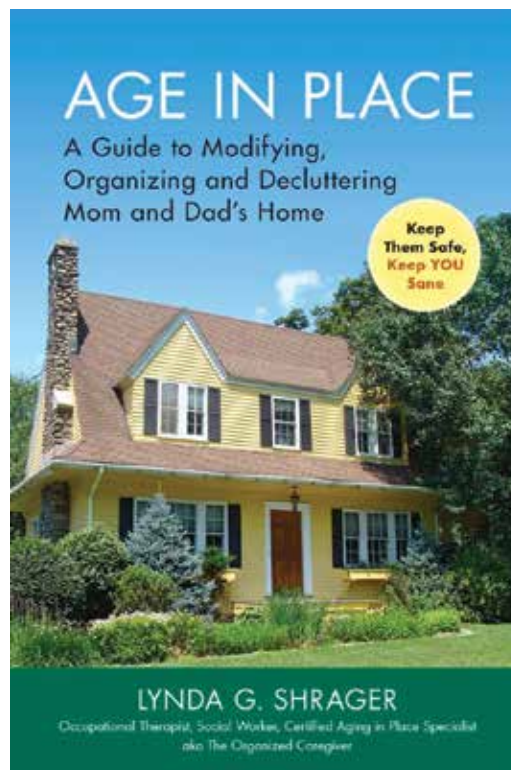


# Community Health Implementation Plan (CHIP) Workgroups

Since 2019, MAHHC Community Health has been the backbone organization for several workgroups, convening to address the top priorities identified in our triennial Community Health Needs Assessment (CHNA). The following chart summarizes each group's priorities and activities in the reporting year. To fully review each network's measures and progress, visit our [CHIP Data Dashboard](#).



CHIP Workgroup	Strategies	Key Highlights and/or Tactics
50+ Health	<ul style="list-style-type: none"><li>Distribute materials from the Department of Health Division of Substance Use Programs for the State of Vermont, as well as 50+ Health Network created materials, like the Senior Health Quick Guide magnets</li><li>Distribute Age in Place books to all towns in the service area at publicly accessible locations, free of charge, e.g. public libraries</li></ul>	<ul style="list-style-type: none"><li>Providing ongoing public awareness and education, particularly among older adults, about the increased impact of alcohol and/or substance use on people as they age, as well as the higher chance of recovery when treatment is sought</li><li>Increasing public awareness, particularly among older adults, about end-of-life decisions and death with dignity options. Launched our year-long series in June</li></ul>



CHIP Workgroup	Strategies	Key Highlights and/or Tactics
<b>Spiritual Health</b>	<ul style="list-style-type: none"> <li>• Establish linkage to spiritual health through the concept of Hope</li> <li>• Increase spiritual awareness through opportunities for prayer</li> </ul>	<ul style="list-style-type: none"> <li>• Art of Hope Project planning meetings with community partners</li> <li>• Engaged Hope Researcher from Keene State, supporting the validity of the connection between Hope and Spiritual Health</li> </ul>
<b>Food Security</b>	<ul style="list-style-type: none"> <li>• Apply message-framing principles to market food security resources to area residents, with the intent of increasing awareness and reducing barriers to access</li> <li>• Identify gaps and barriers to food access in our region by conducting a food resources inventory</li> <li>• Use the results to develop an implementation plan for increasing access to nourishing and culturally appropriate food</li> </ul>	<ul style="list-style-type: none"> <li>• Action Plan vetting with those most impacted via: <ul style="list-style-type: none"> <li>◦ Convenience sampling survey</li> <li>◦ Focus group at Windsor Resource Center (WRC)</li> </ul> </li> <li>• Second pilot year of WSESU summer delivery program for kids who can't get to Windsor school</li> <li>• Soft launch of a satellite food cupboard at the WRC, the workgroup's first action plan project</li> </ul>



CHIP Workgroup	Strategies	Key Highlights and/or Tactics
<b>Windsor County Substance Use Disorder Collaborative</b>	<ul style="list-style-type: none"> <li>• Administer Rapid Access to Treatment of Alcohol Use Disorder in Emergency Department</li> <li>• Expand We Are Worthwhile campaign, <a href="http://weareworthwhile.com">weareworthwhile.com</a></li> <li>• Provide monthly networking and resource sharing among the continuum of care partners; “a wheelhouse of subject matter experts”</li> </ul>	<ul style="list-style-type: none"> <li>• Saw an increase in number of people seeking Alcohol Use Disorder treatment among our community partners (55%-60%); 66% of whom continue to remain in treatment</li> <li>• Divided Sky in Ludlow, residential recovery program, abstinence-based 12-step, opened in September</li> <li>• Established Recovery Coaching in other units besides the Emergency Department</li> </ul>
<b>Strengthening Families Network</b>	<ul style="list-style-type: none"> <li>• Collaborate across partners who provide Playgroups &amp; Circle of Security (CoS) Parenting Series</li> <li>• Host ongoing planning meetings for Playgroups and Circle of Security Parenting that include hosts/facilitators and stakeholders to support on-going collective approach</li> </ul>	<ul style="list-style-type: none"> <li>• Windsor Connections Playgroup continues to thrive, summer months saw record numbers</li> <li>• Formal partnerships with Moonrise Therapeutics &amp; Hartland Library for Woodstock Playgroup</li> <li>• Associate Professor of Pediatrics at Dartmouth Medical School, Mt. Ascutney Pediatricians request that Playgroup info be added to Electronic Medical Record (EMR), working on a map with a QR code</li> </ul>





CHIP Workgroup	Strategies	Key Highlights and/or Tactics
Housing	<ul style="list-style-type: none"> <li>Create new units within existing structures by way of safe home sharing practices, renting rooms, and creating accessory dwelling units</li> <li>Develop a broad base of support for creating new housing that meets community needs and desires</li> </ul>	<ul style="list-style-type: none"> <li>Workgroup members promoted home sharing and ADU creation to 140 attendees of the Home Creators Expo in Hartford</li> <li>Organized public support for Windham Windsor Housing Trust's 25-unit mixed-income housing project in downtown Windsor (see design rendering below)</li> </ul>



#### Source Links for Data Dashboards:



[embed.clearimpact.com/Scorecard/Embed/77872](https://embed.clearimpact.com/Scorecard/Embed/77872)



[embed.clearimpact.com/Scorecard/Embed/77870](https://embed.clearimpact.com/Scorecard/Embed/77870)



[embed.clearimpact.com/Scorecard/Embed/77754](https://embed.clearimpact.com/Scorecard/Embed/77754)



[embed.clearimpact.com/Scorecard/Embed/77775](https://embed.clearimpact.com/Scorecard/Embed/77775)

**307 FAMILIES**  
HELPED WITH  
SCHOOL SUPPLIES



**\$12,355**  
**IN MINI GRANTS**  
GIVEN OUT FOR PREVENTION PROJECTS



**1710**  
**QUITTING**  
**VAPING**  
PROMOTIONAL  
ITEMS DISTRIBUTED

**\$10,170**  
**IN DENTAL VOUCHERS**



**\$20,450**  
**IN MEDICATION VOUCHERS**



**19,000** (est.)  
MEALS DELIVERED

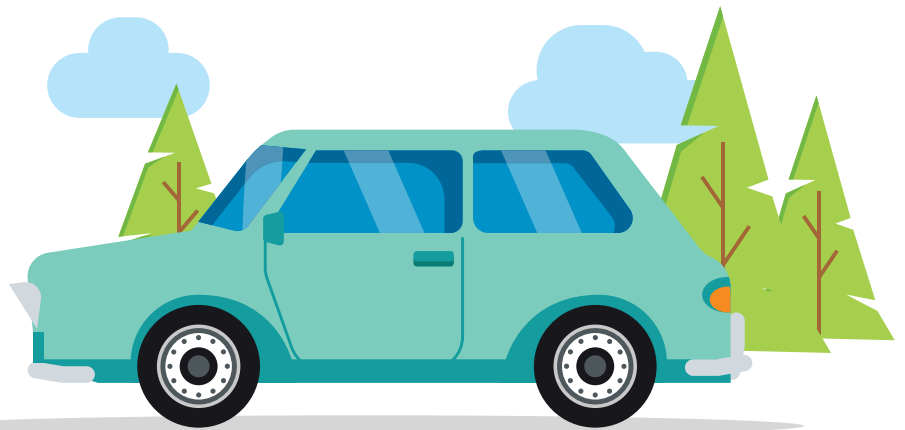
**20,000** (est.)  
MILES DRIVEN

RIDES TO WELLNESS AND JOB ACCESS:

**\$6,253 IN GAS CARDS**  
GIVEN OUT

**416 RIDES**  
PROVIDED

**5,130+ MILES**  
DRIVEN



**3802**  
FAMILIES SERVED  
BY VEGGIE VAN GO



**5,653**  
CLIENTS SERVED  
BY WINDSOR RESOURCE CENTER  
(THIS IS A RECORD NUMBER)



**243 PEOPLE SERVED BY MT. ASCUTNEY HEALTH CONNECTIONS**  
(FORMERLY CALLED THE WINDSOR COMMUNITY HEALTH CLINIC)





Mt. Ascutney Hospital  
and Health Center

# COMMUNITY HEALTH BENEFITS REPORT

# 2023

**Mt. Ascutney Hospital and Health Center**  
289 County Road, Windsor, VT 05089

Visit our website to see archives of former reports, implementation plans, and community health needs assessment data.  
[mtascutneyhospital.org/about/community-health-needs](https://mtascutneyhospital.org/about/community-health-needs)



**VIEW ONLINE**