Year: 2024-2027	MT. ASCUTNEY HOSPITAL AND HEALTH CENTER Community Health Improvement Plan

Priority Area of Need:
Availability of Primary Care and Medical Sub-specialty Services

Segment of Community to Assist: All Community Members accessing MAHHC Services

CHNA Finding:
Primary Health Care was the most frequently mentioned service type people had difficulty accessing (42%). About 25% of community survey respondents also reported difficulty accessing medical sub-specialty care. 'Not accepting new patients' and 'Wait time too long' were top reasons cited for access, with difficulty for both primary care and sub-specialties. About 12% of adults in Windsor County report not having a primary care provider. The Greater Sullivan Public Health region has the third highest percentage out of 13 NH regions for primary medical care visits with travel times greater than 30 minutes, one way (31%). An open-ended question asked respondents to list 'one thing you would change to improve health in your community.' About one-third of 319 responses centered on issues related to health care provider availability, including turnover, wait time, and responsiveness.

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
To increase patient access for Primary Care.	MAHHC will continue to collaborate with DH recruitment services as well as Human Resources to recruit for new Primary Care Providers.	All potential Primary Care Providers (MD, APP)	Primary Care Human Resources DH Recruitment	Fall 2024 and ongoing
To decrease the number of patients on the MAHHC Primary Care wait list.	Primary Care will offer new patient appointments to provide care to those without a PCP.	Patients awaiting Primary Care services	Primary Care	Spring 2025 and ongoing

To increase awareness of wait times for internal specialists.	MAHHC Primary Care will collaborate with our internal specialists to establish a process of identifying wait times in order to better communicate expectations with patients.	All MAHHC patients needing sub-specialty care	Primary Care Sub-specialty practices	2025 and ongoing
To increase access to sub-specialty care.	MAHHC will continue to recruit sub-specialists that have been identified by our community and health care system as needed to improve patient care; MAHHC will also work with DH and VRH, to expand potential sub-specialty services already established.	All patients needing sub-specialty care	Human Resources Administration/Board Sub-specialty services DH VRH	Spring 2025 and ongoing

Year:	MT. ASCUTNEY HOSPITAL AND HEALTH CENTER Community Health Improvement Plan

Priority Area of Need:
Cost of health care services including medications and affordability of health insurance.

Segment of Community to Assist: All Community Members accessing MAHHC Services

CHNA Finding: About 65% of community resident and 58% community leader survey respondents indicated that the cost of health care and health insurance has 'gotten worse' over the last few years. Less than 5% thought this issue has 'gotten better'. 'Can't afford out of pocket expenses' was a top 3 barrier identified by community leaders and service providers preventing people from accessing the health care services they need. The estimated proportion of people with no health insurance (6%) is higher than the overall percent uninsured in VT (4%) and similar to the percent in NH (6%). About 6% of Windsor County residents reported delaying or avoiding health care because of cost. This proportion was substantially higher (15%) in the Greater Sullivan Public Health Region. Community discussion participants identified health care costs and financial barriers to care as a significant issue. It was also the second most frequently mentioned topic area in the open-ended question about 'one thing you would change to improve health'. Obstacles include high cost of private pay insurance, misalignment of coverage and the types of insurance providers accept, and unreasonably high deductibles.

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
To Increase awareness of resources available to help reduce health care costs.	Patients will be presented with resource and community supports via our Community Health Team, Social Workers, Case Managers, Health Connections and the Windsor Resource Center.	All community members requiring assistance with health care costs	Community Health Team Social Workers Case Managers Health Connections Windsor Resource Center HSA members	Fall 2024 and ongoing
To increase the number of community members that we are able to assist in obtaining health insurance.	Patients requiring assistance with health care insurance coverage and/or enrollment will be directed to our Health Connections clinic for assistance.	Any community member needing assistance with health insurance coverage or enrollment	Health Connections	Fall 2024 and ongoing

To increase awareness across the organization of assistance opportunities available through the Windsor Health Connection.	Windsor Health Connection staff will provide a list of resources across the organization that are available to our community members.	Any community member	Health Connections Inpatient units ED Sub-specialty clinics Primary Care	Fall 2024 and ongoing

Year:	MT. ASCUTNEY HOSPITAL AND HEALTH CENTER Community Health Improvement Plan

Priority Area of Need:
Social drivers of health and well being such as housing affordability, access to healthy and affordable food, and family wellness.

Segment of Community to Assist: All Community Members accessing MAHHC Services

CHNA Finding: About 83% of community resident survey respondents said housing affordability has 'gotten worse' over the last few years. After 'Help with Housing Needs', Child care was the next most frequent social/human service that respondents had difficulty obtaining (14%). 'Cost too much' was the top reason cited as a barrier to access(74%). Affordable Housing was by far the top issue selected by community leader respondents (85%) as a priority for improvement to support a healthy community. Nearly 1 in 10 area residents experienced food insecurity in the past year. More than 1 in 4 owner occupied housing units and over half of renters in the service area have housing costs >30% of household income. A wide range in community wealth also characterizes the service area, with median household income in the wealthiest communities being more than twice as high as communities with the lowest median household incomes. The high and rising costs of 'basic needs' were a common theme in discussion groups, including accessing and maintaining stable, healthy housing; limited availability of quality low-income housing options; affording healthy foods; being able to pay for prescription medication; and costs of child care.

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
Increase access to the Community Health Team for members who screen positive for SDOH.	Screen all patients for SDOH and establish an automatic referral process to the CHT for any positive screens.	All community members	Community Health Team Primary Care ED Sub-specialty care Inpatient care	Fall 2024 and ongoing
Increase awareness among community members of access to healthy and affordable food.	Establish communication methods to notify members of the community of available food pantries, community meals, and VeggieVanGo initiatives.	All community members	Community Health Team Marketing Ambulatory Services	Fall 2024 and ongoing

To maintain a current list of community organizations, programs, and services to assist community members who are receiving assistance.	MAHHC Community Health Team and Blue Print Manager will continue to host weekly meetings with Community Partners to exchange information needed for awareness of available and pending resources.	All community members	Community Health Team Blue Print Manager	Fall 2024 and ongoing

Year:	MT. ASCUTNEY HOSPITAL AND HEALTH CENTER Community Health Improvement Plan

Priority Area of Need:
Availability of mental health services.

Segment of Community to Assist: All Community Members accessing MAHHC Services

CHNA Finding: Mental Health Care was the third most frequently mentioned service type people had difficulty accessing (27%). Among people who had difficulty accessing mental health care, top reasons cited were "Wait time too long" (66%), 'Not accepting new patients' (57%) and 'Service not available' (56%). From survey responses, 44% of community residents and 67% of community leaders think the ability to get mental health services has worsened over the last few years. The rate of Self Harm-related Emergency Department visits is significantly higher for residents of Sullivan County (219 visits per 100,000 population) compared to the state overall (183 visits per 100k). In Windsor County, mortality rates from suicide (23.9 per 100,000 population) and opioid overdose (44.7 per 100k) are each notably higher, although not statistically different, than VT state rates. Mental health care was identified as a continuing and top priority for community health improvement in community discussion groups, including concerns for insufficient local capacity, need for increased awareness and culturally competent providers. About 13% of community survey respondents indicated difficulty getting 'help caring for aging family members' with 'Service not available' cited as the top reason. More than half (55%) of community leaders identified 'isolated populations such as homebound or very rural' as a population not being adequately served by local resources.

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
To increase access to psychiatry services.	MAHHC will partner with DH to increase on-site psychiatry services for our established patients.	MAHHC patients	Primary Care DH psychiatry	Summer 2024 and ongoing
MAHHC will expand partnerships with local mental health programs to increase access to therapy for our established patients.	MAHHC will work with HCRS to increase access to therapy services with our established LADAC.	MAHHC patients	Primary Care HCRS	Spring 2025 and ongoing

MAHHC will increase pediatric therapy access.	MAHHC pediatrics will collaborate with Springfield Parent Child Center to provide pediatric therapy services on site.	MAHHC pediatric patients	Primary Care/Pediatric Springfield Parent Child Center	Spring 2025 and ongoing
To increase knowledge to MAHHC staff regarding Trauma Informed Care.	Trauma informed care training will be offered to MAHHC staff to increase their knowledge and expand skill sets for providing care to those that have experienced trauma.	All patients seeking care	MAHHC organization	Spring 2024 and ongoing
To improve the comfort, safety, and engagement of patients with PTSD during office visits.	A PDSA will be trialed in Primary Care in conjunction with our Patient Experience team to implement trauma Informed care visit planning by co-creating personalized care plans with each patient.	MAHHC GIM Patients with PTSD	MAHHC GIM Patient Experience	Spring 2025 and ongoing

Year:	MT. ASCUTNEY HOSPITAL AND HEALTH CENTER Community Health Improvement Plan

Priority Area of Need:
Services for older adults including transportation, opportunities for social interaction and supports for aging in place.

Segment of Community to Assist: All Community Members accessing MAHHC Services

CHNA Finding: About 13% of community survey respondents indicated difficulty getting 'help caring for aging family members' with 'Service not available' cited as the top reason. More than half (55%) of community leaders identified 'isolated populations such as homebound or very rural' as a population not being adequately served by local resources. The service area population has a relatively high proportion of seniors. Overall, about 24% are 65+ compared to about 20% in VT and 19% in NH overall. About 29% of the 65+ population in the VRH service area report having serious activity limitations resulting from one or more disability. Nearly 1 in 3 area residents age 65+ report having experienced a fall in the past 12 months. Ability to age in place was a topic raised in discussion groups and written comments with concerns expressed about shortages of qualified workers to provide home care, issues of cost, lack of options for transportation to medical appointments and related concerns around social isolation and over-reliance on technology for information and communication.

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
To increase support for adults 50+.	To increase awareness of support groups offered by our Windsor Resource Center for adults 50+ with ongoing meetings and activities.	Community members 50+	Windsor Resource Center	Fall 2024 and ongoing
Increase support for older adults that are aging in place.	Patients will be presented with health care options, community supports and financial assistance options by the Community Health Team, Social workers, Case Managers and Health Connections within the hospital and community setting.	All older adults in the community aging in place	Community Health Team Health Connections Community Resource Center Primary Care ED Inpatient Care	Fall 2024 and ongoing

Increase knowledge and reduce care gaps for adults 65+ through our Emergency Department.	Maintain Geriatric certification through our Emergency Department with ongoing training and education.	All patients 65+ that seek care through our ED	Emergency Department Primary Care	Summer 2024 and ongoing

Year:	MT. ASCUTNEY HOSPITAL AND HEALTH CENTER Community Health Improvement Plan

Priority Area of Need:
Health and human service workforce shortages and challenges in navigating the health care system.

Segment of Community to Assist: All Community Members accessing MAHHC Services

CHNA Finding: 'Not accepting new patients' or 'Wait time too long' were the top 2 reasons cited for access difficulty by community survey respondents for primary care, adult dental care, mental health care, and subspecialty medical care. Top barriers identified by community leaders and service providers preventing people from accessing the health care services they need included 'Service not available; not enough local capacity' (71%), 'Difficulty navigating the health care system' (57%) and 'Long wait times or limited office hours' (46%). Difficulty navigating the health care system and the related issue of workforce shortages manifests in measures of population health, such as delayed care and inpatient stays for diagnoses potentially treatable in outpatient settings, including diabetes, hypertension or asthma. This theme emerged in both discussion groups and survey comments. Health and human service providers are often described as understaffed and stretched too thin to meet the level of need in the region. Frustration was expressed about connecting with provider staff, difficulties navigating the process of finding and connecting with local specialists, and other complexities of the health care system.

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
To increase awareness of opportunities for high school students interested in careers in health care.	Offer Dare to Care programs for High School Students interested in a career in health care.	High school students	Human Resources Staff Education Inpatient departments Local High Schools	Fall 2024 and ongoing
To decrease our workforce shortage by integrating services.	Investigating opportunities for new care delivery models, including integrated services with DH and VRH.	All patients seeking access to health care services	MAHHC DH VRH	Fall 2024 and ongoing

To reduce barriers to accessing health care services for community members.	Our Community Health Team will assist community members in navigating the health care system via direct and indirect support. This includes helping make appointments, assuring referrals are completed and connecting with needed resources.	All community members	Community Health Team	Fall 2024 and ongoing

Year:	MT. ASCUTNEY HOSPITAL AND HEALTH CENTER Community Health Improvement Plan

Priority Area of Need:
Availability and affordability of dental care services

Segment of Community to Assist: All Community Members accessing MAHHC Services

CHNA Finding: 'Dental Care for Adults' was the second most frequently selected service that people had difficulty accessing (38% of community resident survey respondents). Top reasons cited for access difficulty were 'Wait time too long' (50%), 'Not accepting new patients' (49%), and 'Cost too much' (44%). More than 1 in 3 area residents report not having visited a dentist or dental clinic in the past year. Sullivan County experiences significantly more hospital emergency department visits for non-traumatic dental conditions (1022 visits per 100,000 population) than in NH overall (636 per 100k). Affordability and availability of dental care were raised as issues in discussion groups and open-ended survey comments, including the need to travel long distances outside the local service area to access dental services

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
Increase the knowledge of Community Health Team staff of resources available specific to dental needs, to enable resource sharing with patients.	Community Health Team will have up-to-date information on dental services and referral options to provide patients while exploring options for dental care clinics.	MAHHC patients and members of the community	Community Health Team	Spring 2025 and ongoing
Increase access to dental resources available in the community.	Participate in a dental pop-up offering basic dental care.	Members of the community	Health Connections	Spring/Summer 2025
Pediatric patients will have access to treatment for dental decay.	MAHHC pediatric providers will become trained to administer silver diamine fluoride (SDF) to arrest early decay.	MAHHC pediatric patients	MAHHC Pediatrics	Fall 2024 and ongoing