Valley Regional Healthcare

Community Health Improvement Plan

2021

A Plan to Address the Community's Input on Health Issues and Priorities

Please direct comments or questions to:

Valley Regional Healthcare
Office of Community Engagement
(603) 542-1836
243 Elm Street
Claremont, NH 03743

Partner organizations for the 2021 Community Health Needs Assessment include Valley Regional Healthcare, Dartmouth-Hitchcock, New London Hospital, Lake Sunapee Region VNA & Hospice, Alice Peck Day Memorial Hospital, Mt. Ascutney Hospital and Health Center, Visiting Nurse and Hospice for VT and NH with technical support from the NH Community Health Institute/JSI.

Valley Regional Healthcare

Valley Regional Healthcare
2021 Community Health Needs Assessment
Background Information

Executive Summary

During the period February through July 2021 an assessment of Community Health Needs in the Valley Regional Healthcare service area was completed by in partnership with Dartmouth-Hitchcock, Alice Peck Day Memorial Hospital, New London Hospital, Mt. Ascutney Hospital and Health Center, Lake Sunapee Region VNA & Hospice, Visiting Nurse and Hospice for VT and NH, and the New Hampshire Community Health Institute. The purpose of the assessment was to:

- Better understand the health-related issues and concerns impacting the well-being of area residents;
- Inform community health improvement plans, partnerships and initiatives; and
- Satisfy state and federal Community Health Needs Assessment requirements for Community Benefit reporting.

For the purpose of the assessment, the geographic area of interest was 15 municipalities comprising the Valley Regional Healthcare service area with a total resident population of 43,104 people. Methods employed in the assessment included surveys of community residents made available through email, distribution at COVID-19 vaccination clinics, social media and website links through multiple channels throughout the region; a direct email survey of community leaders representing multiple community sectors; a set of ten community discussion groups convened virtually across the region; and a review of available population demographics and health status indicators including summary social determinant of health characteristics of Valley Regional Primary Care Practice patients.

All information collection activities and analyses sought to focus assessment activities on vulnerable and disproportionately served populations in the region including populations that could experience limited access to health-related services or resources due to income, age, disability, and social or physical isolation. The community health needs assessment also acknowledged the significant impact of the COVID-19 pandemic, which was an over-arching concern affecting both the community health needs assessment process and the content of community input. Nearly half of respondents to the community survey indicated that they were *currently* experiencing increased stress or anxiety because of the COVID-19 pandemic (most community survey responses were received in May and June 2021). The table on the next page provides a summary of the priority community health needs and issues identified through this assessment.

Year: 2021-2022	VALLEY REGIONAL HOSPITAL Community Health Improvement Plan

Priority Area of Need: Availability of Mental Health Services**,** *top priority identified by both general community members and community leader respondents.*

Segment of Community to Assist: Patients of Primary Care & Hospital in need of mental health support.

GOAL: VRH will seek funding resources to create a "whole-person" integration model of patient care for community members seeking services in primary care and the emergency department. Mental health triage will address specific patient needs, such as medication reconciliations and adjustments, low level support, and immediate referrals in more emergent care situations.

CHNA Finding: Concern was voiced by all CHNA participants for insufficient local mental health care capacity, availability for higher levels of mental health care, and increased need resulting from anxiety, stress and isolation impacts of COVID-19. The rate of self-harm-related Emergency Department visits among area residents (218 per 100K population) was similar to the rate in NH over all (196 per 100K pop) in 2018. Psychiatrist FTEs per 100K (1.8) are significantly lower than the FTE capacity in NH overall (5.0 per 100K pop). Within VRH primary care practices, youth, ages 12-18, were surveyed at the time of care if they felt depressed or sad most days, even if they felt okay sometimes: 28.4% said "yes" in 2020 and 33.6% said "yes" in 2021.

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
VRH will seek private and public funding sources to launch a hospital-wide integrative model of mental & medical health care, within its primary care, emergency and in-patient departments.	Apply & obtain a minimum of $600K grant support to fund the addition of health integration staff and community collaboration supports.	All Patient Ages	Primary Care Emergency Dept. Medical/Surgical Pharmacy Case Mgmt. Local Mental Health providers	Spring 2022 and Ongoing
VRH will enhance their primary care staff with providers who specialize in the care of patients with mental health challenges.	Create and Hire for Psych-APRN position to care for patients needing brief psychotherapy and psychopharmacological medication management and refer to other psychiatric and medical services as needed.	All Patient Ages	Primary Care Pharmacy Case Mgmt. Local Mental Health providers	Fall 2022

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
VRH will hire additional emergency department staff to provide mental health triage assessment, medication reconciliation, and assistance with Social Determinants of Health factors.	Hire an ED Social Worker and ED Pharm Tech. Patients entering the ED will receive a mental health screening and subsequent assistance from the ED social worker when positive assessments occur. Pharmacy technician will assist ED providers with medication reconciliations, especially when co-morbidity factors are present. Patients will be referred to VRH primary care when previous lack of care.	All Patient Ages	Primary Care Emergency Dept. Pharmacy Case Mgmt. Local Mental Health providers	Fall 2022
VRH will utilize collaborations with local mental health programs and providers to assist with the referral process and provide on-site care when appropriate.	VRH will create MOUs with local community organizations currently providing assistance to community members with substance use disorders, to integrate additional support in the medical patient care setting and establish bi-directional patient care opportunities.	All Patient Ages	Primary Care Case Mgmt. Local Mental Health providers SUD organizations	Fall 2022
Patients facing mental health challenges seen in the primary care setting will benefit from an onsite social worker and community health navigator to assist with areas of life that may be contributing to a decline in health.	The primary care social worker and community health navigator will assess patient Social Determinants of Health needs to identify any contributing factors that could impact the overall health of the patient, providing referral assistance. The social worker will provide brief mental health counseling to assess emergency needs.	All Patient Ages	Primary Care Pharmacy Social Worker/ Comm.Health Navigator Local Mental Health providers	Fall 2021

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
VRH staff will complete training opportunities to enhance compassionate treatment and care for patients entering VRH service areas.	VRH staff across the medical campus will complete "trauma-informed" care trainings to broaden understanding and skills for treating and caring for patients impacted by trauma.	All Patient Ages	Primary Care Emergency Dept. Med/Surg Pharmacy Case Mgmt.	Fall 2022 and Spring 2023
Emergency Department patients with positive substance-use disorder screenings will receive assistance from a newly created ED Social Worker position, as well as initial counseling assistance and referral.	ED social worker will assess patient Social Determinants of Health needs to identify any contributing factors that could impact the overall health of the patient, providing referral assistance. The social worker will provide brief mental health counseling to assess emergency needs.	All Patient Ages	Pharmacy Social Worker Local SUD and Mental Health providers	Fall 2022

Year: 2021-2022	VALLEY REGIONAL HOSPITAL Community Health Improvement Plan

Priority Area of Need: Cost of Health Care Services; Affordability of Health Insurance**,** *second priority identified by general community members and third highest priority identified by community leader respondents.*

Segment of Community to Assist: All Community Members accessing VRH services.

GOAL: VRH will seek to increase the number of available providers in its network, as well as opportunities for financial assistance.

CHNA Finding: The estimated proportion of people with no health insurance (7.0%) is higher than the overall percentage in NH (5.9%). About 9% of community members participating reported delaying or avoiding health care because of the cost. The percentage of the local population with Medicaid or no insurance coverage (25%) is higher than in New Hampshire overall (19.2%). While 58% of all respondents experienced trouble getting one or more types of health and human services in the past year, 72% of respondents with income less than $50,000 experienced the greatest challenge. 40% of respondents indicated difficulty accessing primary health care and selected "wait time too long" as a reason.

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
VRH will increase its team of primary care providers to address the availability of appointments for community members.	VRH anticipates contracting with two new patient providers.	All Patient Ages	Primary Care	Fall 2021 and Ongoing
Patients will be made aware of new providers and health savings options in a timely manner.	VRH will utilize its social media presence, website and pre-existing community/organizational newsletter capacity to broaden information sharing, welcome new providers, share information on primary care locations, types of services offered and new appointment availability.	All Patient Ages	Primary Care	Ongoing
Patients will be presented with health care options, community supports and financial assistance options by the Community Health Navigator, Social Workers & Case Managers in the primary care practices, and Emergency and Med/Surg Departments.	Key staff members will improve upon knowledge of community organizations and services, as well as health care insurance and VRH Financial Assistance Program.	All Patient Ages	Primary Care Emergency Dept. Medical/Surgical Pharmacy Case Mgmt.	Fall 2022
Indigent patients will be provided with information about VRH's Medication Assistance Program, providing discounted or free medications from pharmaceutical companies.	Key staff members in primary care will have knowledge and application tools to assist impoverished patients with access to medications.	All Patient Ages	Primary Care Pharmacy Case Mgmt.	Fall 2021 and Ongoing

Year: 2021-2022	VALLEY REGIONAL HOSPITAL Community Health Improvement Plan

Priority Area of Need: Prevention, Treatment & Recovery of Alcohol and Substance Use**,** *third highest priority identified by both general community members and community leader respondents.*

Segment of Community to Assist: Primary Care Patients & Hospital Patients when seeking medical services with co-occurring SUD/AUD factors.

GOAL: VRH will seek additional funding resources to create a "whole-person" integration model of patient care for community members with co-occurring substance use disorders, seeking services in primary care and the emergency department. Strategic substance use triaging will target specific patient concerns, such as medication adjustments, low level support needs, and immediate referrals in more emergent care situations.

CHNA Finding: Between 2018 and 2021, the number of Sullivan County reported overdose deaths rose from 12.5 to 20.5 (per 100,000 residents). Excessive alcohol use in the past 30 days of surveying found that 19% of adult respondents either engaged in heavy drinking or binge drinking. Emergency Department visits and in-patient hospitalizations for injury recorded as intentional including self-intentional poisonings due to drugs, alcohol and other toxic substances averaged 217 per (100K population), which is more than the NH average of 195 per 100K population.

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
VRH will seek private and public funding sources to launch a hospital-wide integrative model of mental & medical health care, with a component addressing SUD, within its primary care, emergency and in-patient departments.	Apply & obtain a minimum of $600K grant support to fund the addition of health integration staff and community collaboration supports.	All Patient Ages	Primary Care Emergency Dept. Medical/Surgical Pharmacy Case Mgmt. Local Mental Health & SUD providers	Summer 2022
VRH staff will complete training opportunities to enhance compassionate treatment and care for patients entering VRH service areas.	VRH staff across the medical campus will complete "trauma-informed" care trainings to broaden understanding and skills for treating and caring for patients impacted by trauma.	All Patient Ages	Primary Care Pharmacy Case Mgmt. Local Mental Health providers SUD organizations	Spring 2023

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
Patients facing mental health challenges seen in the primary care setting will benefit from an onsite social worker and community health navigator to assist with factors of life that may be contributing to a decline in health.	The primary care social worker and community health navigator will assess patient Social Determinants of Health needs to identify any contributing factors that could impact the overall health of the patient, providing referral assistance. The social worker will provide brief mental health counseling to assess emergency needs.	All Patient Ages	Primary Care Emergency Dept. Medical/Surgical Pharmacy Case Mgmt. Local Mental Health providers	Fall 2021 & Ongoing
VRH will hire additional primary care staff, who specialize in the care of patients with mental health challenges.	EMERGENCY DEPT/URGENT CARE: Hire Social Worker to provide screening, treatment & referral services for patients presenting with SUD/AUD. EMERGENCY DEPT/URGENT CARE: Hire Pharm Tech to provide med reconciliation and referrals during low staffing time in Pharmacy. PRIMARY CARE: Hire Psych-APRN for primary care practices to assist with co-morbidity complex cases of SUD/AUD, Diabetes, etc.; provide consultation to providers for mental health medications/ treatments; provide emergency triage of patients. Collaborate with MSW for patients' immediate mental health needs.	All Patient Ages	Primary Care Pharmacy Case Mgmt. Local Mental Health & SUD providers	Fall 2021 & Ongoing
VRH will hire additional emergency department staff to provide mental health triage assessment, medication reconciliation, and assistance with Social Determinants of Health factors.		All Patient Ages	Primary Care Emergency Dept. Medical/Surgical Pharmacy Case Mgmt. Local Mental Health providers	Summer 2022 & Ongoing

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
VRH will utilize collaborations with local mental health programs and providers to assist with the referral process and provide on-site care when appropriate.	Establish network of resources for VRH ED/Urgent Care and primary care staff to provide patient referrals. Establish anchor community organization collaborations with financial resources to support patients seeking options for recovery.	All Patient Ages	Primary Care Pharmacy Case Mgmt. Local Mental Health & SUD providers	Fall 2022 & Ongoing

Year: 2021-2022	VALLEY REGIONAL HOSPITAL Community Health Improvement Plan

Priority Area of Need: Socio-Economic Conditions, affecting health and well-being, such as housing affordability, access to healthy foods and affordable, dependable child care.

Segment of Community to Assist: Patients of Primary Care & Hospital assessed for Social Determinants of Health positive indicators.

GOAL: VRH will deploy staffing resources and tools to assess when patients co-present with Social Determinants of Health positive indicators, providing resources and referrals whenever possible and accepted by the patient.

CHNA Finding: Approximately 33% of household in the VRH service area have housing costs greater than 30% of their household incomes. Ten percent of Sullivan County households experienced food insecurity, meaning limited or uncertain access to adequate food. Thirteen percent of adult patients and 4% of parents of pediatric patients have reported a lack of transportation keeping them from medical appointments. Six percent of Sullivan County households have no access to a vehicle. While 11.7% of community members live below the federal poverty level, 16.6% of children are in households below that level. Four communities have child poverty estimates over 20%: Croydon (24%), Claremont (26%), Cornish (27%), and Langdon (42%).

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
Address factors in a patient's life that could contribute to a decline in healthy living at the time of their medical appointments.	All primary care patients will receive a 21-question patient Social Determinants of Health assessment, including mental health screening. Screened patients in the ED/Urgent Care will also receive assessment when appropriate.	Adult Patients & Parents of Pediatric Patients	Primary Care	Fall 2021 & Ongoing
Patients will be referred to community organizations and resources, as well as given assistance in completing necessary applications by the Community Health Navigator & Social Workers.	Create and utilize resource tool to assist in referrals. Communicate with area organizations to understand available resources. Follow up with patients to identify any unmet needs.	Adult Patients & Parents of Pediatric Patients	Primary Care	Fall 2021 & Ongoing
Provide up-to-date information to the key patient providers of community resources.	Create a lunch-in-learn type meeting where community groups can share their organization's programs and services to all medical staff in positions of establishing referrals.	Medical Care Staff	All Departments	Fall 2022
Provide primary care patients a resource for fruit and veggie purchases when indicating a positive food insecurity on the patient assessment form.	Primary care social workers and community health navigator will provide a resource to parent of pediatric patients and adult patients, assessing positive for food insecurity. This resource will allow specifically for the obtainment of fruits and vegetables.	Adult Patients & Parents of Pediatric Patients	Primary Care	Fall 2021 & Ongoing

Year: 2021-2022	VALLEY REGIONAL HOSPITAL Community Health Improvement Plan

Priority Area of Need: Affordability and Availability of Dental Care Services

Segment of Community to Assist: Primary Care Patients & Hospital Patients in need of additional oral health services.

GOAL: VRH patients will have resources to meet their oral health needs, which when dental needs go unmet, can often lead to a decline in medical health.

CHNA Finding: Approximately 25% of community survey respondents reported difficulty accessing "dental care for adults" in the past year. Common reasons cited were high cost, no insurance, service time not available and long wait times. Thirty-six percent of adults in the VRH service area report not seeing a dentist for the previous 12 months (pre-COVID statistic).

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
Providers will have up-to-date information of services and referrals options to provide patients.	Create resource document for immediate referrals, which can be accessed by all departments within VRH.	Patients needing dental services	Primary Care Emergency Dept. Medical/Surgical Pharmacy Case Mgmt.	Fall 2021
Address acute conditions with treatment and referrals.	Patients experiencing immediate dental needs will be triaged within primary care, urgent care and the emergency department, as care and complexity demands, with referrals made to local dental resources.	All Patient Ages	Primary Care Pharmacy Case Mgmt. Local dental providers	Fall 2021
Support Sullivan County Oral Health Collaborative with senior team member board participation.	VRH has been instrumental with providing both financial and staffing resources to SCOHC, which operates Community Dental Care of Claremont. VRH will continue encouraging senior team member participation on SCOHC's Board of Directions	Community Dental Services	Senior Directors	Ongoing

Year: 2021-2022	VALLEY REGIONAL HOSPITAL Community Health Improvement Plan			
Priority Area of Need: Prevent Child Abuse and Neglect**,** *fifth most frequently selected by both community leaders and community members.*				
Segment of Community to Assist: Parents, Children and Community Members at large.				
GOAL: VRH will collaborate with area local organizations that specialize in the support of all violence and neglect, as well as seek training opportunities for staff in the care of patients experiencing trauma from past abuse.				
CHNA Finding: Substantiated child maltreatment cases per 1,000 children under age 18 show a higher rate in Sullivan County (5.3) than across NH overall (3.5).				
Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
Patients will be asked and surveyed for abuse and violence in the home as part of routine screenings. Appropriate referrals will occur to BEAS, CDYF and TPN.	All primary care patients will receive a 21-question patient Social Determinants of Health assessment, including abuse and violence screening. Screened patients in the ED/Urgent Care will also receive assessment when appropriate.	Adult Patients & Parents of Pediatric Patients	Primary Care	Fall 2021 & Ongoing
Patients will have access to private information flyers in bathrooms and practices.	Local organizations will provide referral resources that can be accessed in private bathrooms and within patient care rooms.	Adult Patients & Parents of Pediatric Patients	Primary Care	Fall 2022 & Ongoing
Local organizations will benefit from collaboration and partnership with VRH in their missions to support survivors of violence and neglect.	VRh leadership participates on local organizations' Board of Directors. VRH will support local fundraising efforts of organizations with sponsorships.	Community	Senior Directors	Fall 2021 & Ongoing
VRH staff have an increased level of empathy and care skills when providing services for all victims and survivors of abuse.	VRH staff will participate in "trauma-informed" training opportunities across all departments providing healthcare services to patients.	Patient Survivors of Abuse	All Departments	Fall 2022 & Ongoing

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE			
Community Health Issue	**Community Surveys**	**Community Health Status Indicators**	**Community Discussions and Open Comments**
Availability of mental health services	'Ability to get mental health care services' was the top priority identified by both general community and community leader survey respondents.	The rate of Self Harm-related Emergency Department visits among area residents (218 per 100K population) was similar to the rate in NH overall (196 per 100K population) in 2018. Psychiatrist FTEs per 100k population (1.8) are less than half the FTE capacity in NH overall (5.0 per 100K population).	Identified as a continuing and top priority for community health improvement by all community discussion groups including concerns for insufficient local capacity, particularly for higher levels of care, and increased need resulting from anxiety, stress and isolation impacts of COVID-19.
Cost of health care services, affordability of health insurance	Cost of health care services including health insurance and prescription drug costs were the next highest priorities identified by general community survey respondents and third highest priority identified by community leaders.	The estimated proportion of people with no health insurance (7.0%) is similar to the overall percentage in NH (5.9%). About 9% of area residents reported delaying or avoiding health care because of cost.	Community discussion participants identified health care costs and financial barriers to care as significant and ongoing concerns. It was also the third most frequently mentioned topic area in an open-ended question about 'one thing you would change to improve health'
Alcohol and drug use prevention, treatment and recovery	Prevention of substance misuse, addiction and access to substance misuse treatment and recovery services were top issues identified by both community respondents and community leaders as priorities for community health improvement.	In 2018, the rate of Drug and Alcohol Related Emergency Department Visits per 100,000 population in the region was significantly lower than in NH overall. The rate of overdose mortality is also lower than in NH overall.	Participants identified improvements in resources for substance misuse prevention, treatment and recovery, but also noted that the need is still high, there are still issues with stigma in certain settings and gaps in services for detox and recovery housing. Concerns were identified for substantial disruption of recovery support by the COVID-19 pandemic.

SUMMARY OF COMMUNITY HEALTH NEEDS AND ISSUES BY INFORMATION SOURCE (continued)			
Community Health Issue	**Community Surveys**	**Community Health Status Indicators**	**Community Discussions and Open Comments**
Socio-economic conditions affecting health and well-being such as housing affordability, access to healthy foods and affordable, dependable child care	Affordable housing, livable wages, ability to buy and eat healthy foods, and affordable, high quality child care were identified as top resources supporting a healthy community that are in need of improvement.	About 33% of households in the VRH service area have housing costs >30% of household income. The service area is also characterized by a substantial range in community wealth where median household income in lower wealth communities is less than half the median household income in higher wealth communities.	Affordability and availability of housing was a common denominator across discussion groups addressing concerns of aging, mental health and substance use recovery, jobs and economy. Disparities in access to this and other resources such as child care and transportation were described as significant problems pre-pandemic made much worse by the pandemic.
Affordability and availability of dental care services	About 25% of community survey respondents reported difficulty accessing 'dental care for adults' in the past year. Common reasons cited for access difficulties were 'cost too much', no insurance, service not available and wait time too long	Percent of 36% adults in the service area report not having visited a dentist or dental clinic in the past year (pre-COVID statistic)	Issues related to dental care and health care provider availability including turnover, choice, wait time and cost were common response topics on open-ended question about 'one thing you would change to improve health'
Prevent child abuse and neglect	Prevention of child abuse and neglect was the 5th most frequently selected community health priority by community leader survey respondents (36%) and was also top concern among the general community (selected as a top priority by 27% of survey respondents).	The most recently available statistics for substantiated child maltreatment cases per 1,000 children under age 18 show a higher rate in Sullivan County (5.3) than across NH overall (3.5). (Annie E. Case Foundation, 2016)	Discussion group participants reported concerns about the effects of parental stress, poverty and substance misuse on the health and welfare of children in the community including effects of childhood trauma on health and wellbeing later in life.