Year: 2024-2027	VALLEY REGIONAL HOSPITAL Community Health Improvement Plan

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

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

CHNA Finding: After out of pocket expenses, 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' (62%) and 'Difficulty navigating the health care system' (52%) and 'Long wait times or limited office hours' (49%). 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 such as diabetes, hypertension or asthma. This theme emerged in both discussion groups and survey comments. Health and human service providers are described as understaffed and stretched too thin for 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
Decrease the onboarding wait time of new healthcare workers moving into the community and starting work at VRH	VRH will renovate its 241 brick building to provide transitional workforce housing for newly hired medical staff seeking permanent housing within the community while employed at VRH.	Newly hired medical staff at VRH	Human Resources, Facilities Mgmt	Summer 2024-Summer 2025
Increase the opportunities for high school students to investigate health care careers	VRH will collaborate with River Valley Community College and ApprenticeshipNH to develop and launch NH's first LNA registered apprenticeship program for high school students.	High School students, ages 16-18	Human Resources, VRH Clinical Depts	Summer 2024 and Ongoing
Provide opportunities for clinical rotation skill building for students attending area colleges and trade schools	VRH will collaborate with colleges, trade schools and universities in and out of New Hampshire, where students can gain necessary clinical rotation hours, in an effort to expand opportunities for VRH employment.	College/Trade School Students	Human Resources VRH Clinical Depts	Fall 2024 to Spring 2027

Year: 2024-2027	VALLEY REGIONAL HOSPITAL Community Health Improvement Plan

Priority Area of Need: Availability of Primary Care and Medical Sub-Specialty Services**,** *second most frequently selected by both community leaders and community members.*

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

CHNA Finding: Primary Health Care was the second most frequently mentioned service type people had difficulty accessing (36%). About 25% of community survey respondents also reported difficulty accessing medical subspecialty care. 'Wait time too long' and 'Not accepting new patients' were top reasons cited for access difficulty for both primary care and sub-specialties. The Greater Sullivan Public Health Region has the lowest ratio of Primary Care Physician FTEs in the state –estimated at about 19 FTEs per 100k population. The Greater Sullivan region also has the third highest percentage of primary medical care visits with travel times greater than 30 minutes, one way (31%).

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 will contract with three primary care providers in the next 18 months.	All Patient Ages	Primary Care Administration/Board	Fall 2024 to Spring 2027
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 Marketing	Fall 2024 to Spring 2027
Establish sub-specialty services to bridge gaps in care	VRH will work with its DH partner to expand sub-specialty services, such as oncology and cardiology, so that patients can remain in their local community and receive care.	All Patient Ages	Sub-Specialty Services	Fall 2025

Year: 2024-2027	VALLEY REGIONAL HOSPITAL Community Health Improvement Plan

Priority Area of Need: Cost of Health Care Services including medications; Affordability of Health Insurance

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

CHNA Finding: About 61% of community resident and community leader survey respondents indicated that the cost of health care and health insurance has 'gotten worse' over the last few years. Less than 7% thought this issue has 'gotten better'. 'Can't afford out of pocket expenses' was the top 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 (7%) is similar to the overall percentage in NH (6%). About 15% of area residents reported delaying or avoiding health care because of cost. About 8% of more than 4,000 social drivers of health screenings completed by adult primary care patients of Valley Regional Healthcare indicated it was hard or very hard to pay medical bills and about 6% indicated an inability to afford medications.

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
VRH will review and adjust its Financial Assistance guidelines to provide greater opportunity for patients to access healthcare services.	VRH will approve broadening financial assistance to 300% of the Federal Poverty Guidelines for qualifying patients applying for assistance.	All Qualifying Patients	Revenue Cycle Hospital & Health Care Services	Pre-Dec. 31, 2024
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, with the intention and goal to assist patients in need.	All Patient Ages	Primary Care Emergency Dept. Medical/Surgical Pharmacy Case Mgmt.	Fall 2024 to Spring 2027
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 2024 to Spring 2027

Year: 2024-2027	VALLEY REGIONAL HOSPITAL Community Health Improvement Plan

Priority Area of Need: Availability of Mental Health Services**,** *top 3 identified priority 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.

CHNA Finding: Difficulty accessing Mental Health Care was the third most frequently mentioned challenge (33%). Among people who had difficulty accessing mental health care, top reasons cited were "Wait time too long" (69%), "Not accepting new patients" (45%), and "Service not available" (44%). From survey responses, 54% of community residents and 57% community leaders think ability to get mental health services has worsened in 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). Rates are highest among female residents (280 visits per 100K), while Self Harm-related Emergency Department visits among males in Sullivan County (164 visits per 100K) are significantly higher than in NH overall (129 visits per 100K).

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
VRH will enhance their primary care staff with providers who specialize in the care of patients with mental health challenges.	VRH will hire a Psych-APRN 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 2024 to Spring 2027
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 2024 to Spring 2027

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 2024 to Spring 2027
VRH staff will complete training opportunities to enhance compassionate treatment and care for patients entering VRH service areas.	All VRH staff, regardless of department, will receive a mental health "Care of the Psychiatric Patient" training as part of the onboarding process. 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	All Departments	Fall 2024 to Spring 2027
Investigate the integration of an Emergency Department Social Worker who will provide brief mental health counseling to assess emergency needs.	Utilize best practices and resources for behavioral health and substance use disorder to create a position description and identify funding streams to support a dedicated social worker for the emergency department. Position to assess patient needs for Social Determinants of Health, contributing factors that could impact the overall health of the patient, and provide referral assistance.	All Patient Ages	Pharmacy Social Worker Local SUD and Mental Health providers	Winter 2026
VRH will collaborate with DH outpatient substance use disorder clinic to establish a site and services on the VRH campus	VRH will provide space and patient referrals for this new service.	Adult Patients	Social Worker Primary Care Local SUD and Mental Health providers	Summer 2025

VRH will collaborate with community organizations to provide space and staff resources for group therapies	VRH will investigate the opportunities for group therapies such as tobacco cessation, addictions, and pain management.	Adult Patients	Social Worker Primary Care Local SUD and Mental Health providers	Fall 2025

Year: 2024-2027	VALLEY REGIONAL HOSPITAL Community Health Improvement Plan

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

Segment of Community to Assist: Older adult, Primary Care Patients & Hospital Patients seeking medical services

CHNA Finding: The service area population has a relatively high proportion of seniors. Overall, about 23% are 65+ compared to about 19% statewide. About 26% 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. About 17% of community survey respondents indicated difficulty getting 'help caring for aging family members'. More than half of community leaders identified 'isolated populations such as homebound or very rural' as a population not being adequately served by local resources and 'Services and resources for aging in a safe and supportive environment' was one of the top 5 most frequently identified areas by community leaders for focusing resources in support of a healthy community.

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
Support older adults with education and completion of Advance Directives	The Inpatient Case Management team and Primary Care Community Health Navigators will assist older patients with education and completion of Advance Directives.	age 65 and older patients	Inpatient Case Mgmt Primary Care team	Fall 2024 to Spring 2027
Support older adults aging in place and establish a payor source for long term care when they can no longer remain at home	The Inpatient Case Management team and Primary Care Community Health Navigators will assist older patients with CFI Medicaid applications to establish financial support in their decisions to age in place or seek long term care out of the home.	age 65 and older patients	Inpatient Case Mgmt Primary Care team	Fall 2024 to Spring 2027

Support older adults with obtaining necessary durable medical equipment to support their decisions to age in place	The Clinical team will assist older patients with obtaining durable medical equipment to support their decisions to age in place by maintaining a current list of viable suppliers.	age 65 and older patients	Inpatient Case Mgmt Primary Care team	Fall 2024 to Spring 2027
Provide an opportunity for socialization and health education for aging in place seniors	VRH Rehabilitation Services will provide a 48-class *Movement for Better Balance* class for community members, with a goal to reduce falls experienced by older adults aging in place and provide an opportunity for social interaction and engagement.	age 65 and older patients	Inpatient Case Mgmt Primary Care team Rehabilitation Services	Fall 2024 to Spring 2027
Obtain current information about community organizations, new programs and services, as well as key contacts to provide assistance to patients 65 and older, especially those choosing to age in place	VRH Community Navigators and Case Managers will attend the monthly Community Partners meetings to share new information about VRH services and obtain the latest community resource information.	All Patients	Primary Care Inpatient Care	Fall 2024 to Spring 2027

Year: 2024-2027	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.

CHNA Finding: About 81% of community resident survey respondents said housing affordability has 'gotten worse' over the last few years; 5% thought this issue has 'gotten better'. Child care was the top social / human service that respondents had difficulty getting (22%). 'Cost too much' was the top reason cited for access difficulty (78%). Affordable Housing was by far the top issue selected by community leader respondents (78%) as a priority focus area for improvement to support a healthy community. Nearly 1 in 10 area residents experience 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 where median household income in the wealthiest communities is twice as high as communities with the lowest median household incomes.

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
Enhance the collaboration and communication between in-patient and primary care for patients with positive screens for Social Determinants of Hea+A10:I15lth	Inpatient Case Management will incorporate elements of the Social Determinants of Health Assessment into initial patient assessments, which addresses any positive screens during admission to the hospital. The Inpatient Case Management team will enhance its communications with primary care offices, thus bridging potential gaps of information between positive screenings and actions taken during their inpatient stay and anticipated home circumstances.	Adult Patients & Parents of Pediatric Patients	Primary Care Specialty Srvs Emergency Inpatient Care	Fall 2024 to Spring 2027
Patients will be referred to community organizations and resources, as well as given assistance in completing necessary applications by the Community Health team & Inpatient Case Management	Create and utilize a 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 Emergency Inpatient Care	Fall 2024 to Spring 2027

Provide up-to-date information to the key patient providers of community resources	Case managers and social workers will attend and participate in DH-hosted resource fair and communicate community resource information to the VRH team. Community Health Navigators will continual remain knowledgeable of resources for providers to refer for patient needs.	Providers	All Departments	Fall 2024 to Spring 2027
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	Ongoing with successful funding support
Provide skill building opportunities to learn healthy meal preparation on limited budgets for patients and families with identified food insecurity challenges	VRH will investigate and organize with community partners opportunities to bridge the gap between receiving food vouchers for healthy foods and how to prepare meals with those purchased fruits and vegetables.	Adult Patients & Parents of Pediatric Patients	Primary Care	Ongoing with successful funding support
Obtain current information about community organizations, new programs and services, as well as key contacts to provide assistance to individuals and families in need	VRH Community Navigators and Case Managers will attend the monthly Community Partners meetings to share new information about VRH services and obtain the latest information of available community resources	All Patients	Primary Care Inpatient Care	Fall 2024 to Spring 2027

Year: 2024-2027	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 & Hospital Patients in need of additional oral health services.

CHNA Finding: 'Dental Care for Adults' was the most frequently selected service people had difficulty accessing (38% of community resident survey respondents). Top reasons cited for access difficulty were 'Wait time too long' (52%) and 'Cost too much' (45%).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 nontraumatic dental conditions (1022 visits per 100,000 population) than in the state overall (636 per 100k).

Objectives	Activity	Target Audience	Dept/Orgs Involved	Timeline
Providers will have up-to-date information of services and referrals options to provide patients.	VRH will update and monitor resource documents for immediate referrals, which can be accessed by all departments.	Patients needing dental services	Primary Care Emergency Dept. Medical/Surgical Pharmacy Case Mgmt.	Fall 2024 to Spring 2027
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 2024 to Spring 2027
Support Sullivan County Oral Health Collaborative with senior team member board participation	Since its opening in 2009, VRH has been instrumental in supporting SCOHC, which operates Community Dental Care of Claremont. VRH will continue encouraging VRH employee participation on SCOHC's Board of Directions	Community Dental Care of Claremont	As appropriate to organizational needs	Fall 2024 to Spring 2027
Provide credible sources of financial assistance for community members on a fixed income, with urgent dental needs	Research charitable resources and assist patients with applications to obtain financial scholarships for critical dental work.	All Patient Ages	Primary Care Case Mgmt.	Fall 2024 to Spring 2027