

**2015 County Health Rankings & Roadmaps  
State Team Action Funding Opportunity**

**Final Project Report**

<p><b>State:</b>  <b>Primary Contact Person (Name, Email):</b>  <b>Funded Agency:</b></p>
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Please place an <b>X next to the areas(s)</b> on which your project focused.	
	Host an event that serves as a call to action (e.g., action institute, policy forum, conference with diverse or new stakeholders, etc.)
X	Convene a stakeholder meeting to explore opportunities for collaboration (at state or local level)
	Provide training or technical assistance to local communities to build capacity for community health improvement.

Activities and Partners

*The purpose of this funding opportunity was to engage the expertise of County Health Rankings & Roadmaps state team leads in partnering with key stakeholders and use the release of the 2015 County Health Rankings to generate action to improve health within local communities. Please describe the work you did to accomplish this. (No more than 500 words)*

VtPHA hosted a series of conversations to explore how best use the County Health Rankings model to influence critical decisions among hospital leaders regarding the integration of non-clinical factors and partners in the next round of Community Health Needs Assessments (CHNA) and implementation planning.

The first set of conversations was with 12 District Directors of the Vermont Department of Health; Directors of the 12 District Offices of the Health Department agreed that the CHNA process offers a strategic opportunity to influence the integration of population health, public health and clinical health to improve community health outcomes. District Offices have begun conversations with the hospitals in their service areas about opportunities for support and collaboration on the CHNA. The facilitated discussion with VtPHA offered an opportunity for them to strategize with VtPHA about potential additional approaches to broaden and/or connect the CHNA to other community efforts.

Second, we convened a conference call with innovative leaders from three major hospitals already substantially engaged in preventive and community action – Mt. Ascutney, Rutland Regional and Northwestern Medical Centers. We asked leaders in these hospitals about their familiarity with the CHR

models and tools, their experience with CHNA and the opportunities they saw to engage their peers in other hospitals and leadership in VAHHS.

Last, we engaged in strategic discussions with the Director of Planning and Deputy Commissioner of Health, the Vice President of Policy and Public Affairs at the CEO Vermont Association of Hospitals and Health Systems, and members of the executive committee of the VtPHA.

In each conversation, VtPHA presented the County Health Rankings Model as a starting point for understanding the contribution of non-clinical factors to population health outcomes, followed by a facilitated dialogue on topics such as:

- Actions needed to incorporate CHR in the ACA-required Community Health Needs Assessment and Implementation plans
- Options for hospitals to partner with community entities in planning for prevention given CHNA results
- Opportunities for developing guidance or policy recommendations from the Vermont Association of Hospital and Health Systems (VAHHS) to its members related to CHNA and the multiple contributors to health

VtPHA synthesized results of the discussion and developed recommendations to leaders at the Vermont Department of Health, the Vermont Association of Health and Hospital Systems, and other leaders interested in health improvement (below). Materials from the CHR and this report were shared with each person engaged through this project. The report will inform the continued work of VtPHA and its partners.

### Most significant outcomes/successes

*Please list and briefly describe the top 2-3 most significant outcomes or successes from your 2015 Rankings & Roadmaps activities.*

- These conversations generated interest in expanding this list of common indicators and data shared by the Health Department with all hospitals to include factors in the CHR model.
- Leaders in the hospitals interviewed suggested arranging educational opportunities with their counterparts throughout the state to learn more about the *Roadmaps* and *What Works* resources developed as part of the CHR.
- VtPHA connected health department staff and CHR mentors which resulted in a successful application for technical assistance for our lowest ranked county.

### Unexpected Challenges

*In developing and executing your 2015 Rankings & Roadmaps project, did you encounter any unexpected challenges? If yes, what were they and how were they resolved?*

*If given the opportunity to apply for a funding award for the 2016 County Health Rankings & Roadmaps release/refresh, would you likely apply? If yes, what suggestions do you have for improving the process. If no, why not?*

We would most definitely apply if future funding is available. We identified the readiness and need of our District Health Offices and VT hospitals for support in moving to action. The CHR materials, resources and mentoring would be welcomed.

The process was very smooth and we truly appreciated the support offered by the CHR staff.

## Key Findings in Discussion with Health Department Leaders:

Health Surveillance staff currently work with the VT Association of Health and Hospital Systems (VAHHS) to identify a standard set of population health data collected by the health department and shared with hospitals as part of the CHNA process. There is some overlap with the indicators and data from CHR.

Directors from the 12 District Offices of the Health Department are actively working with their local hospitals through the CHNA process. The District Directors participate in different ways depending on the needs of the hospital including: serving on the steering committees; providing local data interpretation; and facilitating community meetings.

VDH has authority for the Hospital Report Cards and is considering options to link these with the hospital implementation strategies which should be built on the results of the CHNA.

## Key Findings in Interviews with Hospital Leaders:

These leaders all have embraced the need to look at the various contributors to health outcomes and were very interested in the model offered by the CHR. Indeed, they have all used the model. Hospitals need to reach beyond their walls to do the assessment and the CHR model is useful when talking with other community partners.

Most hospitals do not have analytic staff to generate population health data so they welcome the resources offered by the health department and the CHR effort. The data provided from the CHR team might be useful in the future for the CHNA. It would be helpful to compare the indicators used by the CHR and the indicators/data provided by the Vermont Department of Health to the hospitals.

They were particularly interested in the *What Works* section as a resource of evidence-based best practices to address the issues identified through the community health needs assessments (CHNA). This evidence base will be very useful in developing the hospital improvements plans which are intended to address the results of the CHNA. This section is especially helpful as it identifies the ways by which other community partners can be helpful in addressing the needs of the community.

## Suggestions for Moving Forward

- Compare the indicators in CHNA and CHR; provide expanded data set for next round
- Highlight *What Works* in outreach to District Offices and Hospitals
- Set up a statewide meeting in conjunction of District Directors and VAHHS with the visit by CHR mentors