Community Health Needs Assessment (CHNA) Community Update

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Objectives

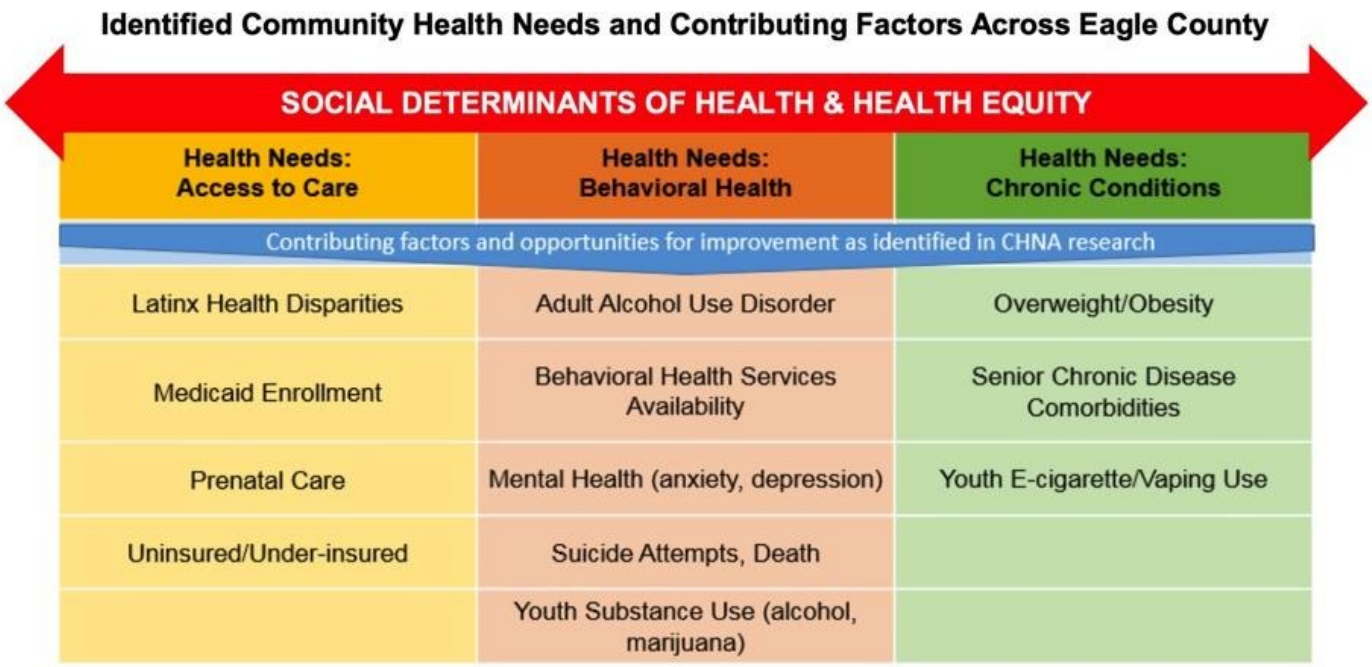
- Provide an update on Vail Health's community benefit activities during the previous year (2019-2020).
- Share our implementation plan for the following year (2020-2021).
- Obtain public feedback.

2019-2022 Implementation Plan

- Vail Health conducts a comprehensive Community Health Needs Assessment (CHNA) every three years.

- Vail Health's goals for the 2019-2022 CHNA action plan are to:
  - Increase access to quality, affordable, comprehensive care;
  - Address behavioral health needs, including mental well-being and substance use disorders;
  - Reduce risk factors and improve outcomes related to chronic disease;
  - Improve health equity, targeting Latinx residents and seniors.

Community Health Needs in Eagle County



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Social Determinants of Health and Health Equity

We want everyone to have a fair opportunity to attain their full health potential and ensure that no one is disadvantaged from achieving this potential.

We are infusing an equity and Social Determinants of Health (SDoH) lens into everything we do across the organization, which is the foundation of our population health strategy.

Access to Care: Goal & Objectives

Goal: Increase access to quality, affordable, comprehensive health care.

Objectives:

1. Increase the number of Latinx residents who have health insurance.
2. Increase the number of residents who have a regular primary care doctor that they visit.
3. Increase access to health and social support services.
4. Improve birth outcomes for at-risk mothers and their children.
5. Reduce barriers to receiving care for residents without transportation.

Access to Care: Strategies

Conduct community outreach to assist Latinx residents with eligibility determination and enrollment in subsidized health insurance programs.

Prior 12 Months	Next 12 Months
• Community collaboration to identify Medicaid enrollment needs and develop enrollment program • CMM accreditation to support more Medicaid patients	• Top tier Medicaid reimbursement with state • Decrease uninsured population • Bilingual education for Medicaid individuals

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Access to Care: Strategies

Increase the number of residents who have a regular primary care doctor and easy access to specialty care.

Prior 12 Months	Next 12 Months
● Primary Care Physician (PCP) referral program ● Tremendous increase in telehealth post COVID ● Launched eHealth Campaign ● New providers in oncology and urology ● Increased physical and occupational therapy services at Howard Head	● Goal = 90% of all patients without a PCP get PCP appointment by end of 2020 ● Recruit bilingual behavioral health providers ● Speech therapy expansion at Howard Head

Colorado Mountain Medical
A partner of Vail Health

Access to Care: Strategies

Increase access to health and social support services by partnering with community partners.

Prior 12 Months	Next 12 Months

• Community Paramedics Partnership:
  ○ Free COVID-19 testing on MIRA
  ○ Social Determinant of Health (SDoH) screener
  ○ BH assessments & bilingual BH Community Navigator referrals
• 7 new agencies added to Complex Patient Committee
• SDoH screening at Emergency Department & Urgent Cares
	• 3rd bilingual BH navigator hired by 9/2020
	• Onboard BH insurance navigator at CMM
	• Onboard social determinants navigator
	• Hire more bilingual schedulers
	• Continue to grow Complex Patient Committee
	• SDoH screening for inpatient population

Community Need Index (CNI)	
4.2 - 5	Highest Need
3.4 - 4.1	2nd Highest Need
2.6 - 3.3	Moderate Need
1.8 - 2.5	2nd Lowest Need
1 - 1.7	Lowest Need

Access to Care: Strategies

Improve birth outcomes for at-risk mothers and their children.

Prior 12 Months	Next 12 Months
• Eagle Valley Behavioral Health (EVBH) funding for Early Childhood Partners • Initial development of Comprehensive Women's Health Program with CMM, Vail Health & others	• Expand bilingual classes for pregnancy through early childhood • Expand prenatal and early childhood programs • Launch Comprehensive Women's Health Program by end of 2021

Early Childhood Partners

Access to Care: Strategies

Promote and support candidate entry into careers in the healthcare field.

Prior 12 Months	Next 12 Months
• 2 new graduate nurses completed residency program • Onboarded 7 new graduate nurses • Multiple community career programs & partnerships	● 6 residents to complete residency program ● Onboard additional graduate nurses ● Sustain quality nursing workforce ● Explore Orthopedic Residency expansion

Access to Care: Community Feedback

Behavioral Health: Goal & Objectives

Goal: Reduce behavioral health and substance use disorders in our community, and improve outcomes for people with a mental health and/or substance use disorder and their families.

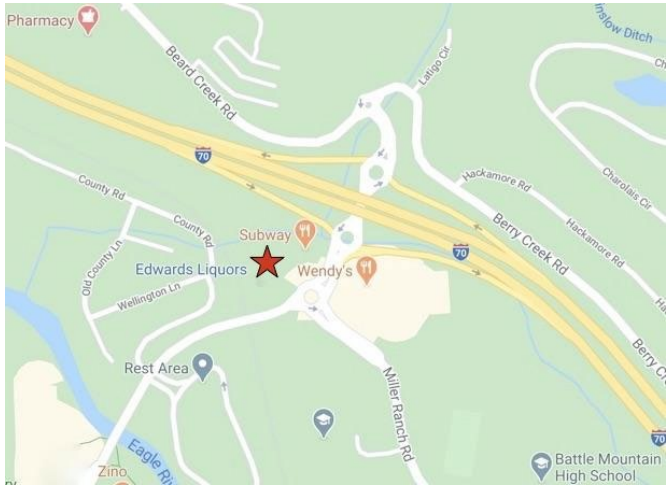
Objectives:

- Encourage the use of early identification screening tools among patients.
- Foster integration of behavioral and primary health care services.
- Increase access to behavioral health services.
- Increase awareness of behavioral health disorders and promote evidence-based prevention and management strategies.

Behavioral Health: Strategies

Eagle Valley Behavioral Health (EVBH) is working toward the following initiatives:

1. **Build a cross-functional behavioral health facility.**
   - Prior 12 Months: Location has been identified and secured, proformas have been developed.
   - Next 12 Months: Finalize designs, permits, state licensing requirements and begin construction.



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Behavioral Health: Strategies

2. Improve behavioral health provider access and capacity.

Prior 12 Months	Next 12 Months
• Increased number of BH providers by ~25 • Integrating BH within primary care at CMM and MFHC • Telemedicine - CMM, MFHC, private providers • Olivia's Fund Scholarship Program • Mountain Strong EAP • Bilingual BH Community Navigators • Set up partnerships for a BH student loan repayment and scholarships	• Increase number of BH providers by ~10 • Continue BH/primary care integration • Expand Telemedicine services to Spanish speakers • Launch a BH student loan repayment and scholarship program

Mountain Family HEALTH CENTERS

HOPECENTER Eagle River Valley

Behavioral Health: Strategies

3. Promote county-wide coordination and collaboration through EVBH and Vail Health.

Prior 12 Months	Next 12 Months
• Formation of Eagle Valley Behavioral Health – Supported 22 local Behavioral Health organizations with over $2.5M in funding to date. • Monthly meetings to convene community partners, including participation on Vail Health Complex Patient Committee	• Population health lens to all community efforts • Establish a Vail Health Behavioral Health Service Line. • Continue funding community efforts with >$2.5M in grants across~ 20 local BH organizations

Behavioral Health: Strategies

4. Support prevention and education efforts.

Prior 12 Months	Next 12 Months
• Long Live (Anti-Stigma) Campaign • Community Chats, Community Stream • Over $1.7 Million in grants for prevention and education • Frequent community outreach for COVID-19 coping strategies:	• Continue the anti-stigma campaigns • Continue to financially support prevention and education efforts. • Expand Community Stream

Mountain Recreation

Bright Future Foundation

Early Childhood Partners

Speak Up Reach Out

Mountain Youth — Stronger Together

Vail Valley Foundation Youth Power 365 — Every Child Every Day

My Future Pathways

Hearts Reign — Los Corazones Reinan

Eagle County Schools

Behavioral Health: Strategies

5. Support Eagle Hope Center to provide 24/7 crisis response to all Eagle County residents in the privacy of their home and connect them to outpatient services.

6. Work with Eagle County School District to:

Prior 12 Months	Next 12 Months
• Provide funding for 3 additional school-based BH clinicians • Supported 5 community-based organizations to implement comprehensive K-12 social-emotional curriculum • Social-emotional training for teachers and admin staff	• Continue to fund school based BH clinicians • Funding for social-emotional K-12 curriculum district-wide

EAGLE COUNTY SCHOOLS

HOPECENTER Eagle River Valley

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Behavioral Health: Community Feedback

Chronic Disease: Goal & Objectives

Goal: Reduce risk factors and premature death attributed to chronic diseases; Improve quality of life for individuals with chronic disease.

Objectives:

1. Improve chronic disease management among high-risk populations.
2. Promote community initiatives that support access to healthy lifestyle choices.
3. Provide community education and outreach that promotes chronic disease prevention.
4. Provide easily accessible specialty care and clean clinic initiatives for patients in high risk categories.

Chronic Disease: Strategies

Improve chronic disease management among high-risk populations, specifically the geriatric community.

Prior 12 Months	Next 12 Months

• CMM physicians provide and oversee clinical care at Castle Peak Senior Life & Rehabilitation
• Vail Health COVID-19 Castle Peak Response Team
	• Continue to support Castle Peak
	  ○ COVID tests, facility and clinician support
	  ○ Financial support for Medical Director
	  ○ Continued provision and oversight of clinical care

Chronic Disease: Strategies

Collaborate with community partners to encourage healthy eating and physical activity among residents.

Prior 12 Months	Next 12 Months
● Nutritional education & free meals on MIRA ● SafeHealth for Vail Health Employees ● SafeFit program for certain employer groups	● Expand SafeHealth with community partners ● Pilot programs: ○ Mobile platform on MIRA ○ Occupation/underinsured focus ○ Add a Behavioral Health component to SafeHealth

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EMPLOYEE WELLNESS

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Chronic Disease: Strategies

Programs to provide education, training, and tools to reduce and manage diabetes.

Prior 12 Months	Next 12 Months
● Addition of 3 Endocrinology providers to CMM ● CMM tracking/reporting clinical quality metrics ○ Follow up with patients outside Hemoglobin A1c range ● Annual exam includes nutrition and physical activity education	● Establish care coordination team for Endocrinology patients ● Patient Peer Support Groups in Spanish and English ● Ensure CMM patient Hb A1c values are within the target range to help manage diabetic health

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Chronic Disease: Strategies

Increase colorectal cancer screening rates through community education, patient medical record tracking mechanisms, and reduction of barriers to care.

Prior 12 Months	Next 12 Months
• Exceeded regulatory colorectal cancer screening threshold • Low cost cancer screening kits at 9 Health Fair • Public take home kits to reduce barriers for screening (transportation, financial, etc)	• Hit “ideal” regulatory screening ranges • Screening campaign/eHealth to text/email screening options to patients 45 yrs + • Distribute take home kits at annual exams, by mail and on MIRA

Chronic Disease: Strategies

Increase providers, service locations, and available hours of operation for care.

Prior 12 Months	Next 12 Months
• CMM expanded Endocrinology & Internal Medicine Services • CMM integration with Urgent Care (UC) • COVID Sick vs Clean Clinics • Free COVID testing for at risk populations on MIRA • Increased number of Behavioral Health providers • Integrating Behavioral Health at CMM and Mountain Family Health Center (MFHC) • Telemedicine - CMM, MFHC, other providers	• Continue to lead community COVID testing • Expand the Behavioral Health Intensive Outpatient Program (IOP) • Hire additional Behavioral Health Providers • Healthy lifestyle messaging to combat COVID-19; Know your numbers

Chronic Disease: Community Feedback

Continued Commitment To Your Health

Vail Health's mission is to provide superior health services with compassion and exceptional outcomes and we will continue its work to improve the health and well-being of Eagle County residents.

We encourage you to visit our website to learn more about the CHNA and our community health improvement initiatives by visiting www.vailhealth.org

Q&A, Discussion & Community Feedback