Upper Valley Community Health Improvement Plan

Public Health Council of the Upper Valley

2022 CHIP Priorities

UV CHIP Outline

1. CHNA Priority Crosswalk
2. Hospital CHIP Strategy Summary & Crosswalk
3. Priority Sections
    a. Data Review
        i. CHNA Qual & Quant
        ii. Highlight of Disparities
    b. Strategies & Indicators
        i. Drawing from existing efforts in region
        ii. Elevating Work
        iii. Noting Gaps
        iv. Framing as part of a collective effort to improve health for all

Pulling Together Across our Region

Dartmouth Health

Alice Peck Day Memorial Hospital

VNH

Mt. Ascutney Hospital & Health Center

Gifford Medical Center

Access to Mental Health Services

Cost of Health Care Services, Health Insurance and Dental Care

- Navigation of Health Insurance Options/Other Services People are Eligible For
  - Increase marketing of what people are eligible for and how to access
- Education and Advocacy
  - Town Welfare Officers
  - Policymakers
- Reduce barriers for the workforce
- Workforce Training re: Poverty & DEI
- Equity Deep Dive: Conduct an assessment of subgroups and their experiences accessing care and services to better understand the barriers they face.

Access Healthy and Affordable Food

Build strategies based on work of:

- Upper Valley Hunger Council
- Vital Communities
- Service Coordinators Roundtable

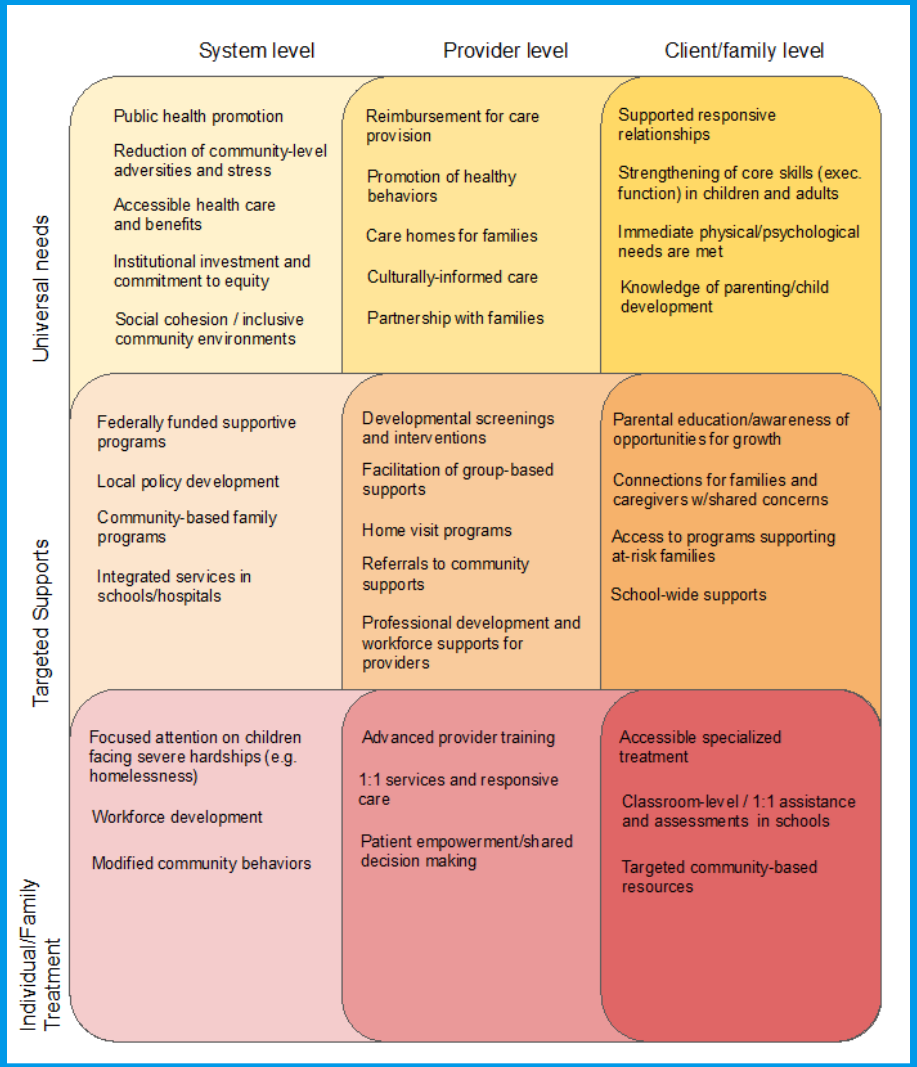
Alcohol and Drug Misuse Prevention, Treatment, and Recovery

Build strategies based on work of:

- Upper Valley All Together
- Vermont's Prevention Partnerships

Child Wellbeing

Early Childhood Mental Health Project



Early Childhood Mental Health Project

- Build a Framework for Full Array of Services and Supports
- Assess what is available in the UV relative to the framework
- Identify strengths and gaps
- Use to develop strategies to advance this work

Socio-Economic Conditions: Housing and Others

Build strategies based on work of:

- Keys to the Valley
- Vital Communities Housing Work
- UV Continuum of Care

Upper Valley Equity/Anti-Racism Group

- 10 to 12 members
- Majority individuals with several traditionally marginalized identities
- Commitment to centering voices of people with lived experience
- Focus on community building and advocacy

Backbone Support by:

Public Health Council of the Upper Valley

Public Health Council of the Upper Valley

Upper Valley Community Health Equity Partnership

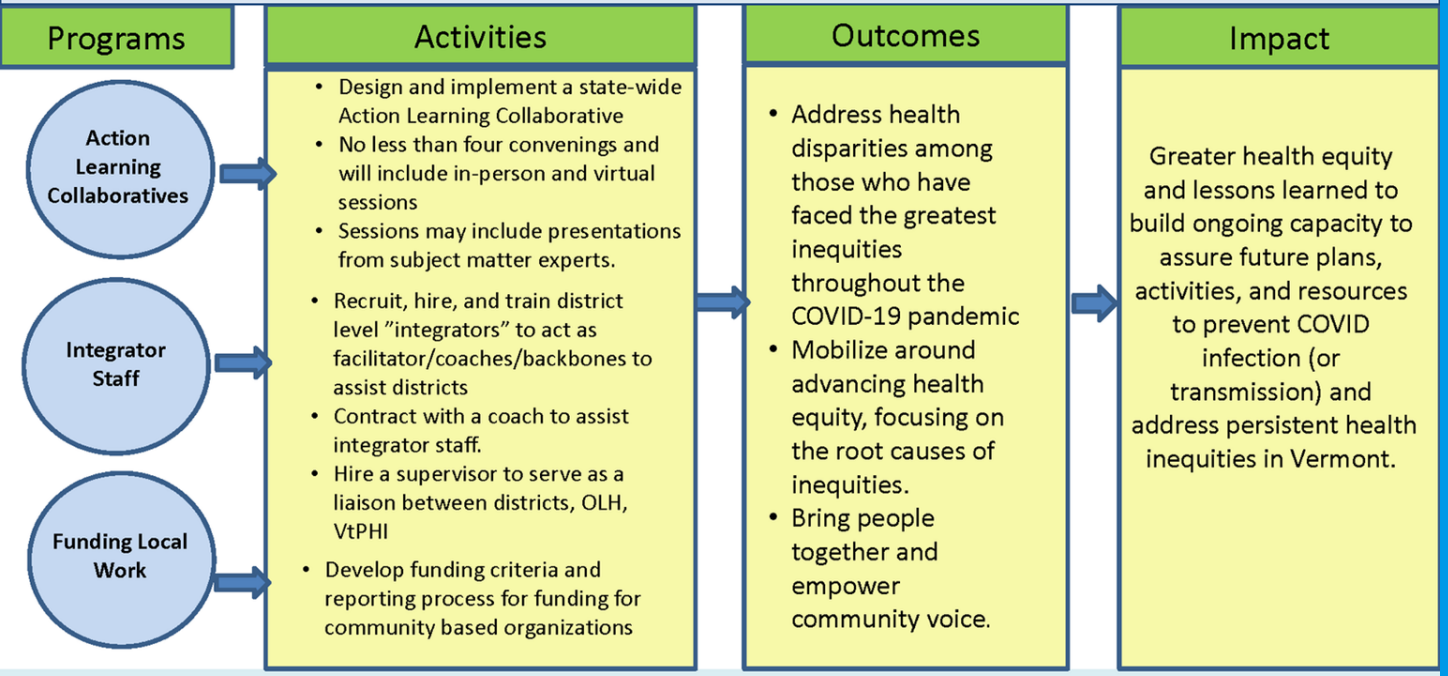
Funded by VT Community Health Equity Partnership, through CDC Health Disparities Grant

CDC Health Equity Grant

The purpose of the grant is to fund state, local, US territorial, and freely associated state health departments **to address COVID-19-related health disparities and advance health equity** by expanding state, local, US territorial, and freely associated state health departments **capacity and services to prevent and control COVID-19 infection (or transmission) among underserved populations at higher risk for COVID-19, including racial and ethnic minority groups and people living in rural communities.**

Vt PHI will collaborate with the Office of Local Health to assist health equity capacity building in Vermont Department of Health Districts

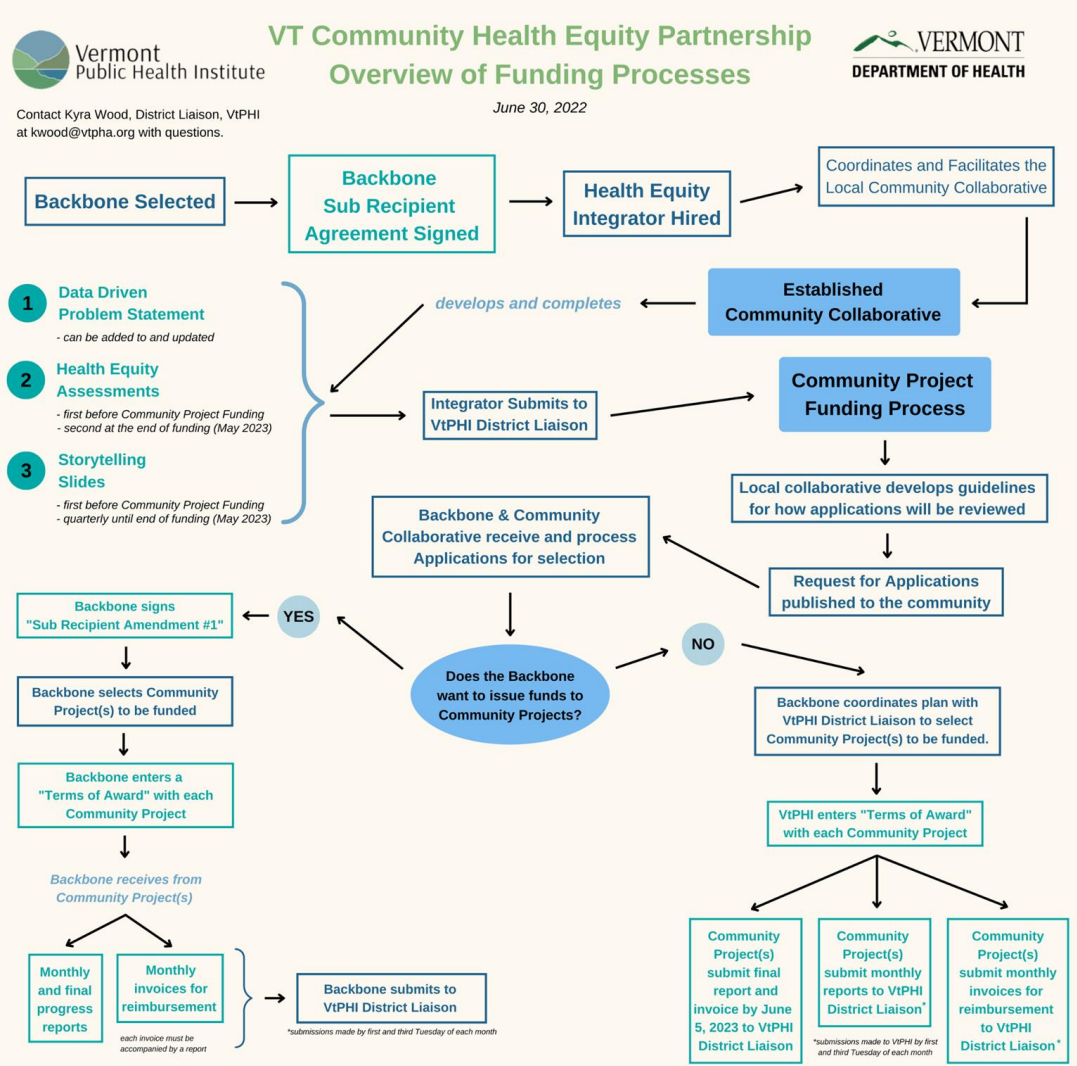
Create opportunities for a diverse range of community members and partners to collaborate to build healthier, more resilient communities. **Provide** opportunities for training and technical assistance to collaboratives by convening regular Learning Community sessions. **Support** innovative, community-led approaches to improve community resilience. **Support** strategies to promote healthy communities and eliminate health disparities. **Engage** with the Office of Local Health and the community to reach the identified grant goals.



"Health Equity exists when all people have a fair and just opportunity to be healthy – especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability."

April 2022

State Level Logic Model



- PHC is Upper Valley Backbone Org.
- UV Equity Facilitator Hired
  - Tony Strat-Cortez
  - Conduct Community Outreach
  - Get the stories to fill out data
  - Facilitate Steering Committee
  - Help build an Equity Collaborative
  - Provide technical assistance for capacity building by partners and grantees
- Data Driven Problem Statement
- Develop and implement a community grants program to address problem statement
  - $150,000 available for awards
- Increase connections between and information flow for people who have been marginalized in our communities
- Build an Equity Collaborative of organizations and diverse partners to decrease barriers to health equity

Our Commitment

1. The Equity Steering Committee will be a small group of 6 to 8 people balanced between people representing traditionally marginalized groups and representatives of the region's health and human services organizations.
2. We will include people representing marginalized communities in the hiring process for the Equity Facilitator, to include the creation of a job description, recruiting among their networks, and interviewing candidates;
3. We will prioritize lived experience and community connections over technical qualifications in the hiring of the Equity Facilitator; and
4. We will supplement the pool of compensation funds available to maximize the involvement of people with lived experience and trusted relationships within marginalized communities.
5. We will work together to determine the most inclusive and effective approach to building a diverse Community Collaborative committed to embedding diversity, equity, inclusion, and belonging into the fabric of local operations and implementing systems-change strategies to improve impact.

Milestones

June 2022

Began Equity Facilitator Role and First Time Meeting with Steering Committee. Attended Community Events. Weekly meeting with Back Bone Integrator Groups.

August 2022

Finalized Problem Statement and Reviewing Funding Documents/Opportunities

Problem Statement and Committee

Funding Distributions and Learning Collaborative Development

July 2022

Formulated Problem Statement based on Narrative and Quantitative Data with Steering Committee.

September-May 2023

Develop Learning Collaborative and Distribute Funding based on Application Requirements. Technical Assistance may be provided.

What people are saying

Health Disparities are due to inequitable power distribution within organizations and in the community

Lack of Culturally Competent Trauma Informed Care

Not Enough Safe Spaces for Safety and Belonging

From Our Problem Statement

The Problem Statement

Black, Indigenous, and People of Color (BIPOC) as well as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and plus (LGBTQIA+) community members experience mental health challenges at higher rates and substance use disorder. These conditions are both caused by and contribute to isolation, other chronic health conditions, and not feeling safe.