

**2022 CHNA Progress Report**  
**5/31/2023**

UPDATE: With community partners, NMC is co-leading the creation of the CAIRES Accountable Community for Health (ACH). The mission of the CAIRES ACH is to design health and service systems together with communities to be equitable, responsive, and adaptable. Our vision is that Grand Isle and Franklin Counties will be inclusive, self-determined, healthy communities where everyone is well, safe, nurtured, and respected. To encourage collaboration and reduce the impact hierarchies of systemic oppression have on communities. The structure of the ACH de-centralizes decision making. The ACH is made of three group types with specific purposes and decision-making powers.

- The CAIRES Circle is focused on the ongoing sustainability of the ACH and supports collaboration across Workgroups.

*This group has been meeting monthly since January. We are in a development phase and are pulling together partners, resources, and identifying the ACH roles in addressing the systemic issues leading to health inequities.*

- Workgroups are formed around specific areas of focus and make decisions related to the Workgroup goals.

*The workgroups are currently forming, based on community need and availability of resources and staff to lead and participate in the workgroups.*

- The Production Team provides organizational and administrative support across the ACH to support the shared Vision and Mission of the ACH.

*This team has been meeting weekly and is supporting the larger ACH CAIRES Circle meetings, as well as developing materials, communications, and processes for the workgroups.*

NMC's Director of Population Health serves on the Production Team and attends the CAIRES Circle with members of NMC's senior leadership team. Members of NMC's team are leading and serving on workgroups, including:

1. A Regional Transportation Workgroup
2. The Transitions of Care Workgroup
3. Youth Health Workgroup
4. Outpatient Service Medical Workgroup
5. Homeless Healthcare Workgroup

- **Providing access to care that is culturally appropriate and person-centered to meets the needs of all people.**

UPDATE: NMC is in the process of assessing our REAL data to better understand if we are appropriately collecting the data at registration and ensuring that it is self-identified. Our next steps include stratifying some of our clinical data based on race and reviewing the results. This is a project we are doing with VPQHC as part of their Health Equity Grant.

- **Improving the process to access interpreter support within NMC's practices and services.**

UPDATE: NMC is currently communicating with community partners who work with our migrant farm population. We are listening to their feedback and trying to better address their medical needs and we are looking at a quality improvement project for our interpretation services. We are also looking for new

- **Continuing to work with our community in implementing the State's value-based care model to reduce health care costs, improve patient experience, increase equity, and improve population health.**

UPDATE: NMC's Director of Population Health is actively working with the ACO on advancing the value-based care model in our region. We are partnering with them on better coordinating improved clinical outcomes and strategies that improve the cost of care, including reducing readmissions and improving transitions of care by focusing on quality improvement in Primary Care sites, which includes improving our Medicare Wellness Visits, and developing a campaign and access policies that encourage individuals to first seek care at their PCP offices.

- **Exploring opportunities for continued alignment and partnership with local public transportation providers.**

UPDATE: NMC is working across agencies from our region to coordinate resources around local transportation needs. The group is in the early phases of facilitating a local transportation workgroup for our region that will encompass medical appointments, employment, grocery shopping, and inter regional transportation.

- **Formally advancing Diversity, Equity, and Inclusion throughout our organization – leveraging measurable improvement as both a provider of care and an employer, as per this component of NMC's '22-24 Strategic Plan. This work may well inform and prompt new initiatives and areas of emphasis for NMC in all aspects of the response to the CHNA.**

UPDATE: NMC has contracted with The Creative Discourse Group (TCDG), a collaborative of experienced associates uniquely qualified to help change community through equity, inclusion, and justice to support our work on diversity, equity, and inclusion. We recently completed an organization-wide assessment and are currently reviewing the themes that emerged. This

summer we are engaging in a Leadership Education Series and planning for the fall launch of our Staff Education Series. In addition, NMC is partnering with Vermont Program for Quality in Health Care (VPQHC) on their health equity grant and is focusing on improving our data gathering efforts around Race, Ethnicity, Ancestry, and Language, as well as implementing a Gender Identification screening for all patients. In addition, the Director of Population Health recently attended the American Hospital Association Health Equity Conference in Minneapolis and is adopting their roadmap tool to create a 3-year workplan for NMC.

- **Modernizing the Emergency Department to improve safety, privacy, and care, including the provision of private rooms for emergent patients; the enhancement of negative air capabilities for infection prevention; and the enhancement of the care environment for patients at risk of harming themselves or others.**

UPDATE: The NMC Emergency Department is currently being renovated and the project is currently on time and on budget. This modernization of the ED will improve patient access, security, and provide appropriate spaces for patients with mental health challenges.

- **Improving collection of gender/identity at Registration and standardize within Electronic Health Record to properly identify patients with their preferred pronouns, sex assigned at birth, legal sex, and their preferred name identification.**

UPDATE: NMC Patient Access Department is in the process of developing a plan to collect gender identity for our patients in the most appropriate way that provides privacy and enables our team to address patients as they prefer to be addressed. We are currently reviewing the most appropriate way to do this to cause the least harm. This process improvement project is part of the work we are doing with VPQHC to improve health equity for our patients.

- **Explore supporting a transitional housing program for non-medical houseless individuals who are discharged from hospital.**

UPDATE: NMC is working with local housing agencies and the State to address the complex housing and houselessness issues plaguing many communities across the US. We have identified a need in our community for medical respite beds that provide hotel rooms for patients who no longer need hospital care, however, may be unhoused or their housing does not meet their medical and/or physical needs. This model can support patients who may need home health services, case management, and social services after they are discharged from the ED or in-patient.