

# Vermont Department of Health

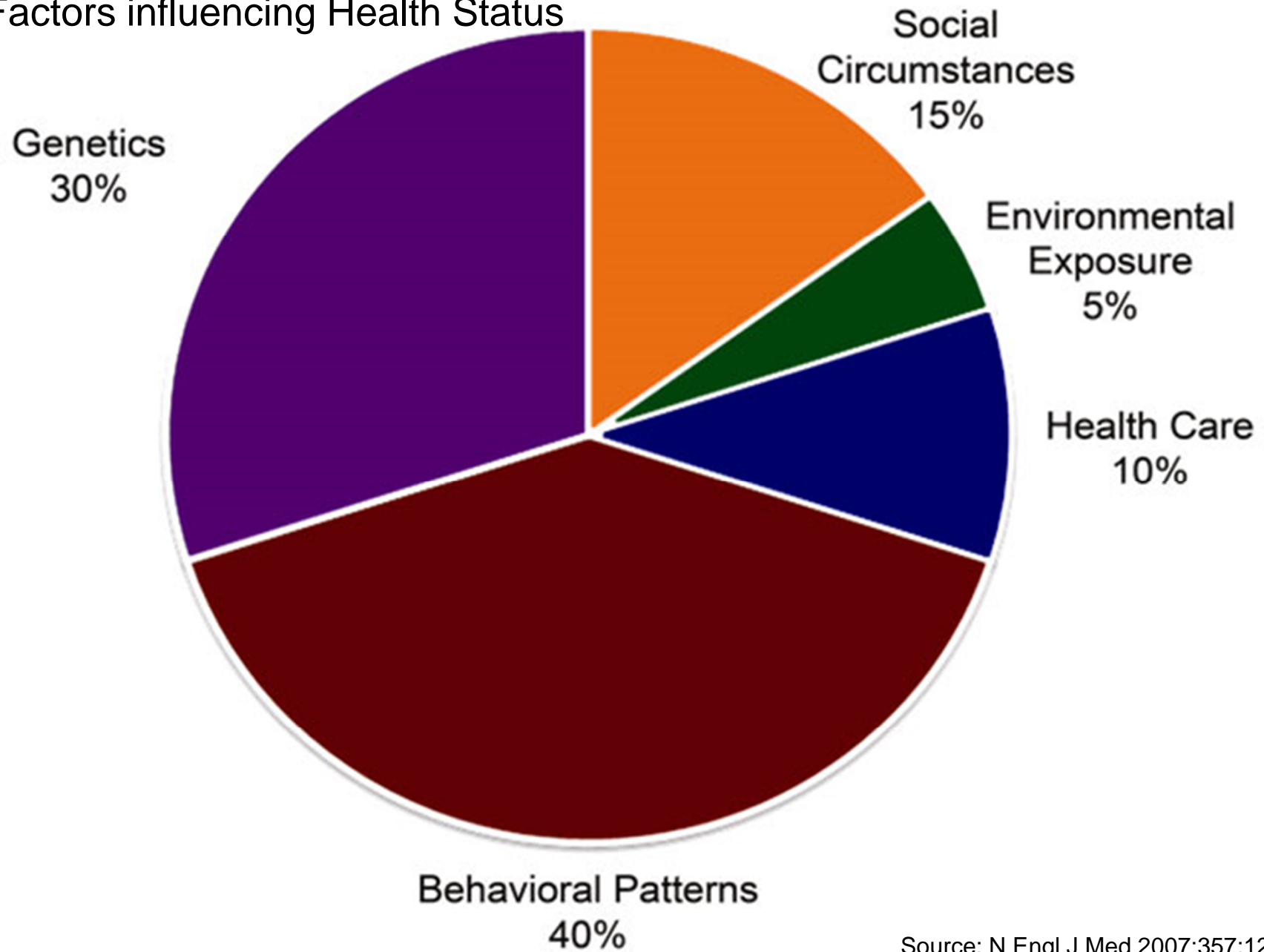
## Budget Presentation FY2014



Health and Human Services Committee • February 11, 2014  
*Harry Chen, MD, Commissioner of Health*

# Determinants of Health

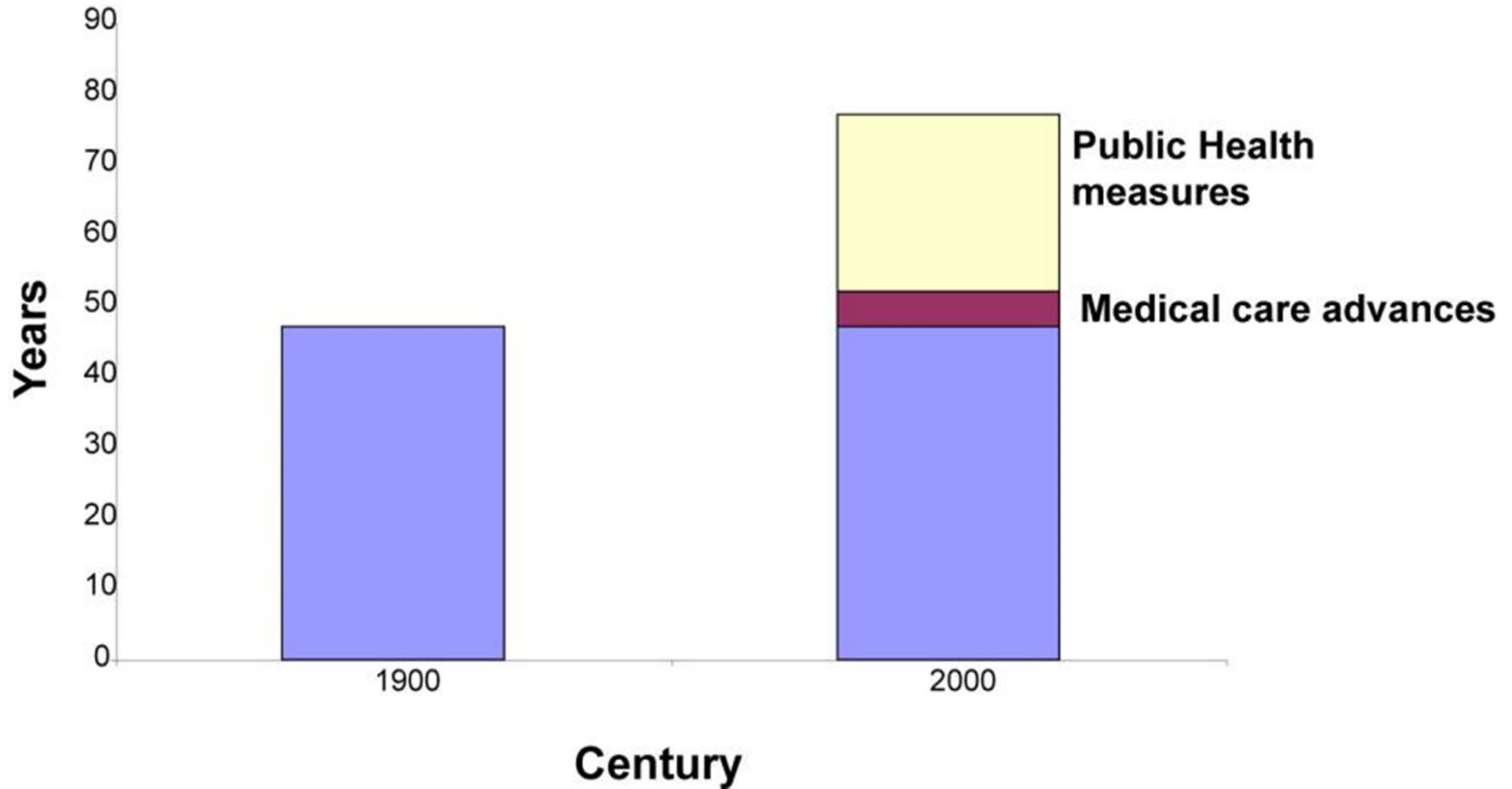
Factors influencing Health Status



Source: N Engl J Med 2007;357:1221-8.

# Improvements in Longevity

## 100 years of Progress



# Factors that Affect Health

## Examples

Smallest  
Impact

Counseling  
& Education

Condoms, eat healthy  
be physically active

Clinical  
Interventions

Rx for high blood  
pressure, high  
cholesterol

Long-lasting  
Protective Interventions

Immunizations, brief  
intervention, cessation  
treatment, colonoscopy

Changing the Context  
*to make individuals' default  
decisions healthy*

Fluoridation, 0g trans  
fat, iodization, smoke-  
free laws, tobacco tax

Largest  
Impact

Socioeconomic Factors

Poverty, education,  
housing, inequality

CDC

# Public health keeps kids healthy and communities strong

## Public health and prevention programs in your community:



**We all benefit**

# Public health saves lives

For each 10 percent increase in local public health spending:

Infant deaths decrease

6.9%

Cardiovascular deaths decrease

3.2%

Diabetes deaths decrease

1.4%

Cancer deaths decrease

1.1%



Seatbelt use reduces serious injuries and death in car crashes by **50%**

In the 20th century, the U.S. reduced the rate of adults who smoke from 42% in 1965 to 25% in 1997.

42%



1965

Rates continue to drop — in 2010, 19% of adults smoked.

19%



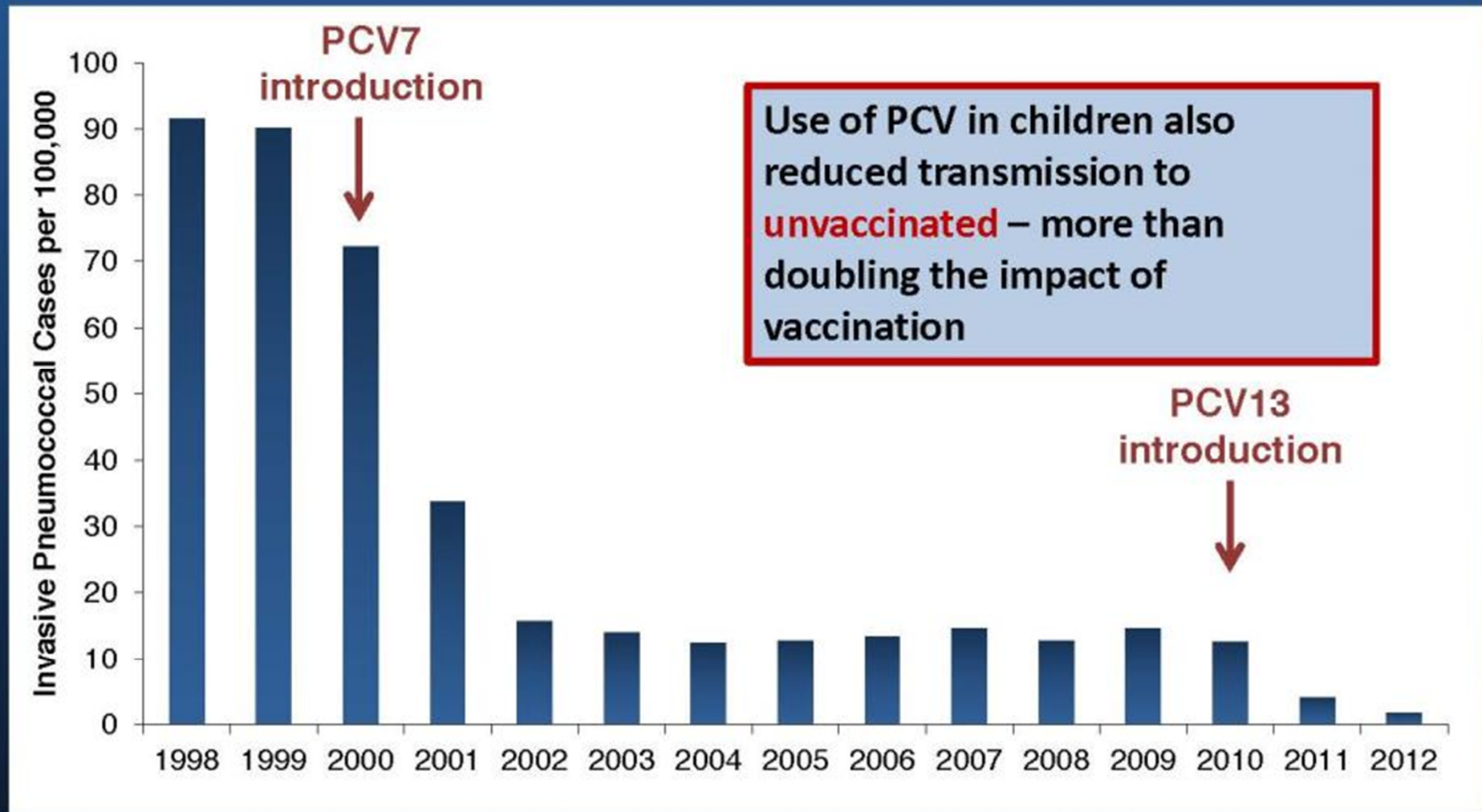
2010

# Childhood vaccines save lives and money

*Almost 20 million cases of disease prevented and 42,000 lives saved each year*

	<b>Direct medical costs (\$ millions)</b>	<b>Societal costs (both direct and indirect) (\$ millions)</b>
<b>Costs averted</b>	\$20,300	\$76,000
<b>Program costs</b>	\$6,700	\$7,500
<b>Cost savings (net present value)</b>	\$13,600	\$68,900
<b>Benefit-cost ratio (ROI)</b>	\$3 saved for every \$1 spent	\$10 saved for every \$1 spent

# Protecting children from serious disease through 1st and 2nd generation pneumococcal conjugate vaccines (PCV)



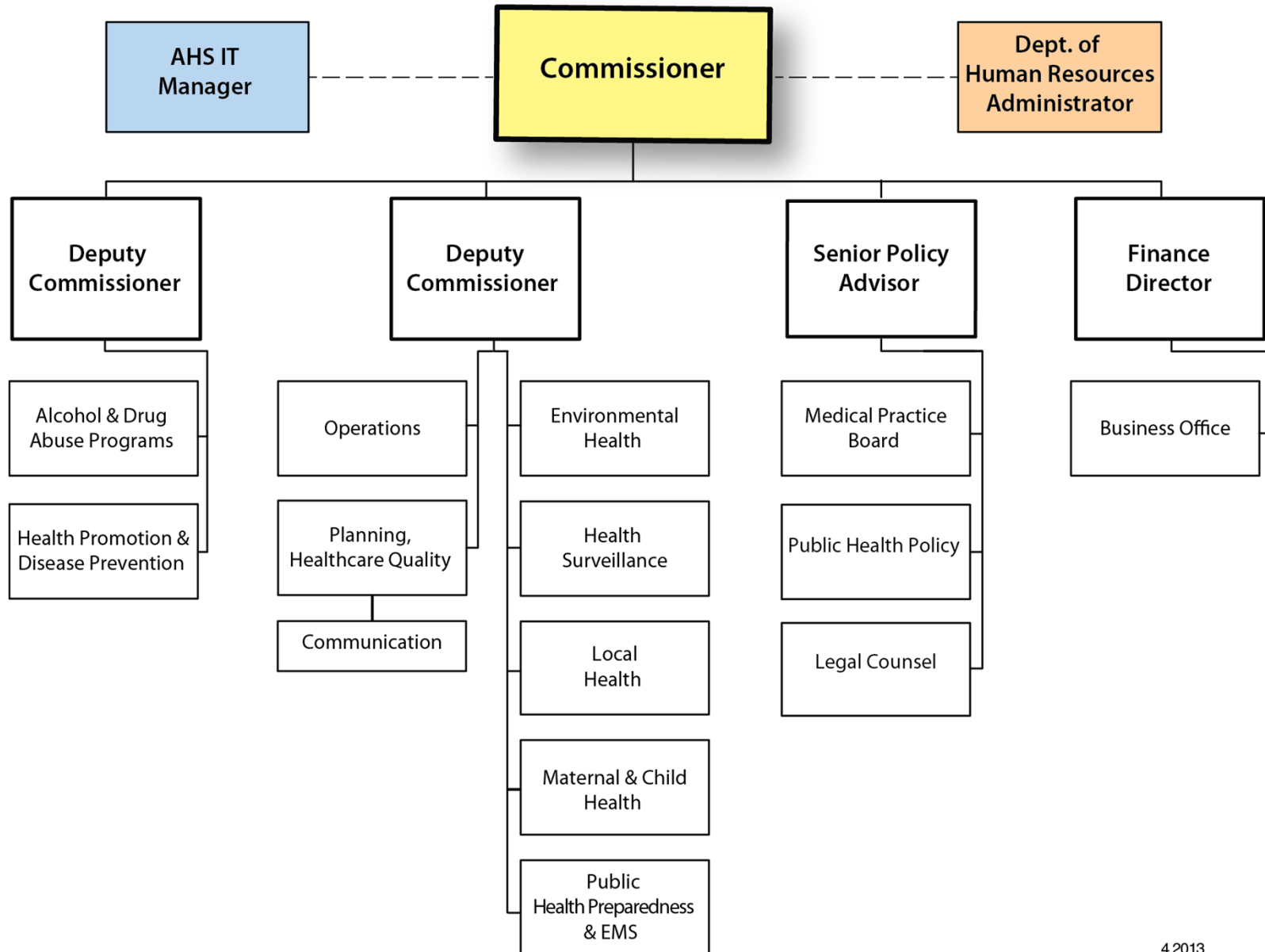
CDC, Emerging Infections Program, Active Bacterial Core surveillance, unpublished.

CDC

Invasive pneumococcal disease caused by 13-valent serotypes in children <5 years of age



# Vermont Department of Health



# 12 Local Offices

Barre

Bennington

Brattleboro

Burlington

Middlebury

Morrisville

Newport

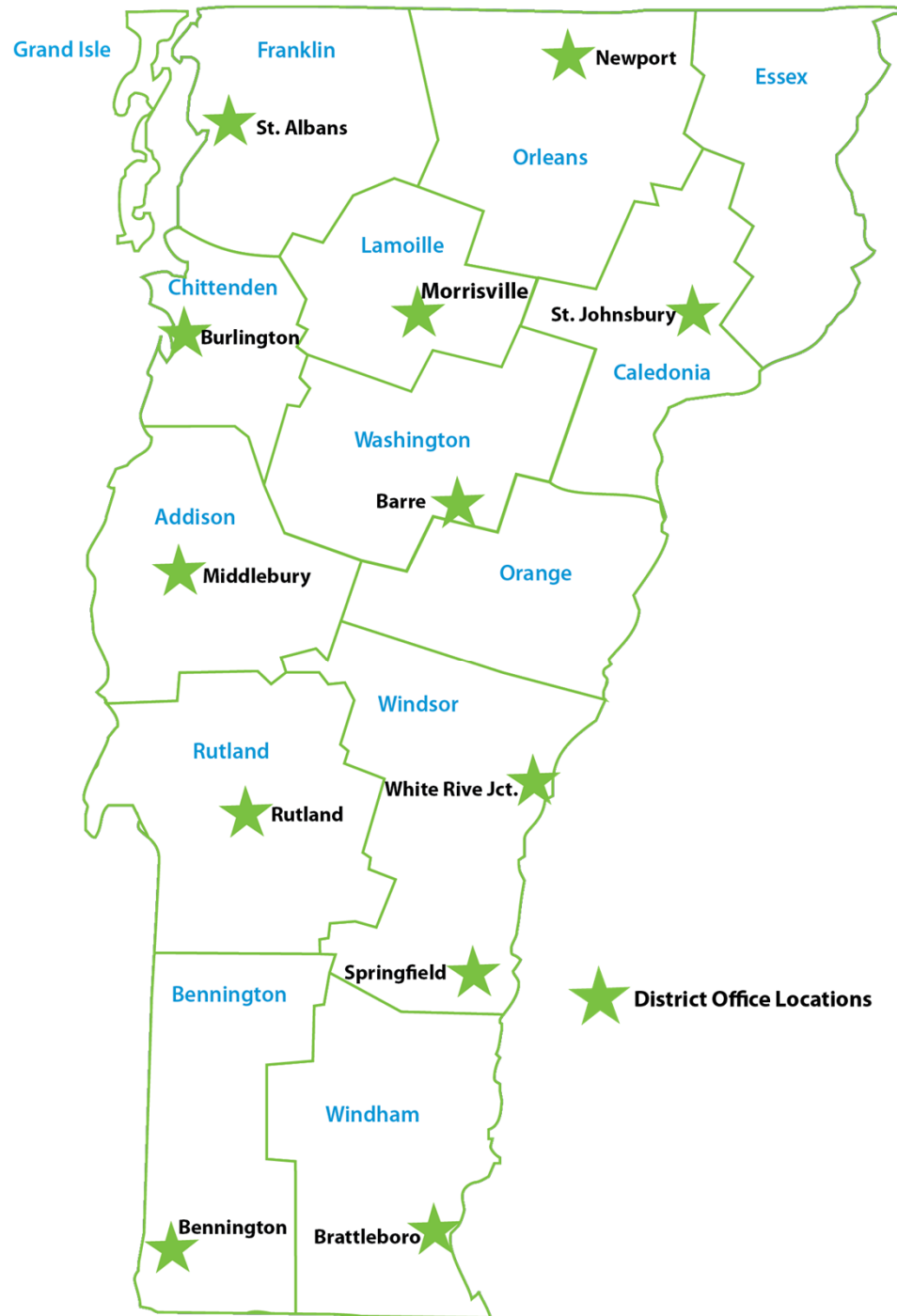
Rutland

St. Albans

St. Johnsbury

Springfield

White River Junction

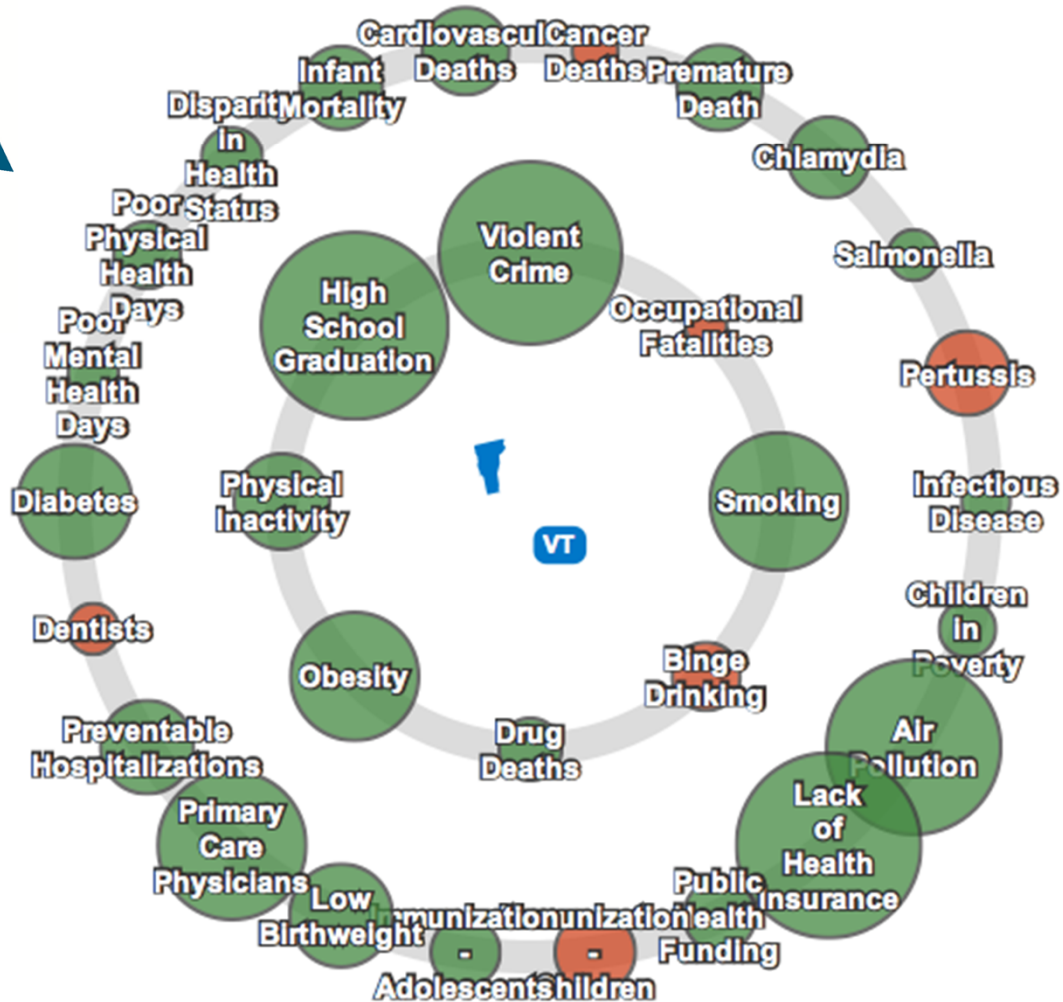
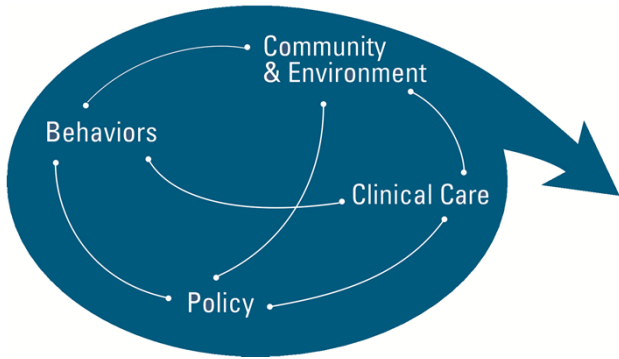


# Vermont is now the 2<sup>nd</sup> healthiest state.



Above the national norm ■

Below the national norm ■



## We are confronting addiction.

- One of five states awarded \$9.9 M grant to train providers to identify **young adults at risk for substance abuse** and intervene early
- \$3.8 M grant awarded to expand and improve substance abuse **treatment for youth**
- **Care Alliance for Opioid Addiction** Hub & Spoke medication-assisted therapy model goes statewide
- **Partnership for Success** funded substance abuse community prevention in 6 regions of the state

## We promote health actions to prevent disease.



- Launched **It's OK to Ask** childhood immunization web/social media/marketing campaign
- Shared stories of Vermonters eating healthier and getting active in **Make Your Moment Now** web/social media/marketing campaign
- Reinvented **tobacco counter-marketing** and more than doubled calls to Vermont Quitline
- Promoted **049** message to health care providers and young women = drink '0' alcohol '4' the '9' months of pregnancy

## We track and inform about public health.



- **Healthy Vermonters 2020 data toolkit**, State Health Improvement Plan and performance dashboard went live on web
- **Drinking water data** added to Environmental Public Health Tracking portal, giving Vermonters the power to check on quality of water supplied by 100 community water systems serving 400,000
- **Tick Tracker** & **Blue-Green Algae Tracker** maps crowd-sourced reports of ticks and algae blooms

## We respond to health emergencies.



- ❑ Led multi-agency **response to pesticide misuse** in Rutland area homes
- ❑ 300+ Vermonters participated in blood draw study to learn more about **Eastern equine encephalitis**
- ❑ **First state to use Epi Info 7** electronic data collection tool to get information from partners in outbreaks and events – used during hospital communication drill, norovirus outbreak, EEE study

# State Health Improvement Plan • 2013-2017





# Public Dashboard – selected measures



- <http://healthvermont.gov/hv2020/index.aspx>

**WIC - The Special Supplemental Nutrition Program for Women, Infants and Children  
Most Successful PH Program over the past 50 years**

**What is WIC?**

- Public health nutrition program for lower income women and children under age 5
- Provides nutrition counseling, breastfeeding promotion and support, referrals to health and social services and specific nutritious foods

**Budget**

Annual budget - \$13 million, \$9 million for food, \$4 million for services (100% federal)

**Program Results**

- Women who participate in WIC have a lower risk of preterm delivery and low birth weight babies
- WIC participation improves cognitive development in children
- Exclusive breastfeeding reduces lifelong risk of obesity and many other chronic diseases

**Reach**

- In 2013, 22,000 Vermonters participated in WIC for at least part of the year

# Preventive Reproductive Health

## Comprehensive Family Planning Services

**\$2.5 M**

- Grants to Planned Parenthood of Northern New England
  - Title X, Access Plan (Global Commitment), SSBG
- Serves 15,000 men, women, and youth annually
- 71% of patients utilizing highly/moderately effective birth control methods

## Personal Responsibility Education Program

**\$250,000**

- Grants to teen serving organizations for evidence-based (*Reducing the Risk*) teen pregnancy prevention
- Increase in knowledge, attitude, and skill
- 830 youth served since 2012

## Pregnancy Intention Screening: *One Key Question*

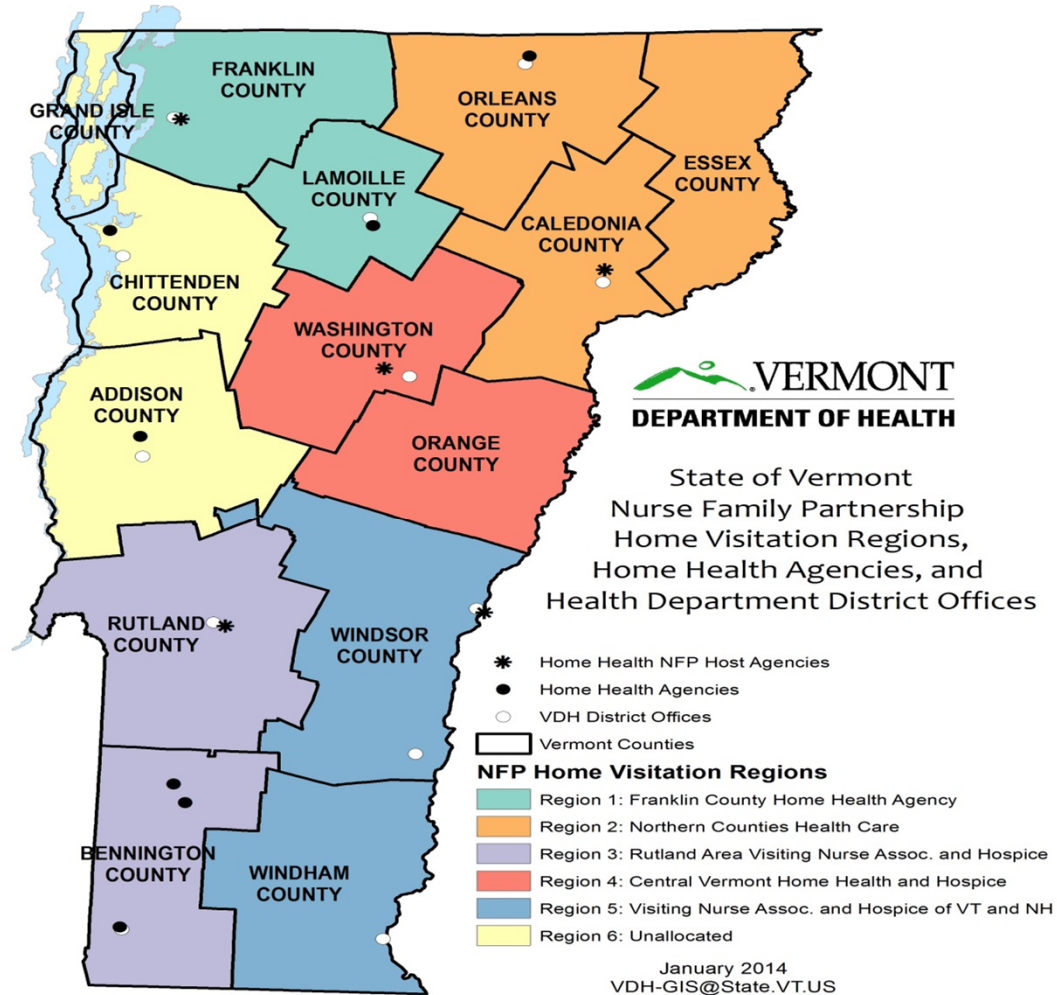
- Quality improvement in family practice: contraception & preconception health counseling

# Prevention through Nurse Family Partnership

- An evidenced-based, nurse-led, home visiting program for low income 1<sup>st</sup> time pregnant moms through the child's second birthday.
- Program goals are to improve: pregnancy outcomes, child health and development, and economic self-sufficiency .
- 114 families are currently enrolled in the program with the capacity to serve 170. With the start of 2 new regions the capacity will increase to 270.
- Estimated cost in VT is \$ 5,800 per family per year. The RAND corporation concluded that the program returns \$2.88 – 5.70 for each dollar invested in program per year.
- Program includes Nurses doing screening, referrals, and follow up for: Smoking, Alcohol and Drug use, Intimate Partner Violence (IPV), Maternal Depression and Childhood Developmental Delays.
- Positive screens for enrolled VT families: Depression 56%, IPV 35%, Tobacco use 46%, Drug use 8% , alcohol use 3% and Developmental delays 11%.

# Nurse Family Partnership Program

## Currently in 11 of 14 counties



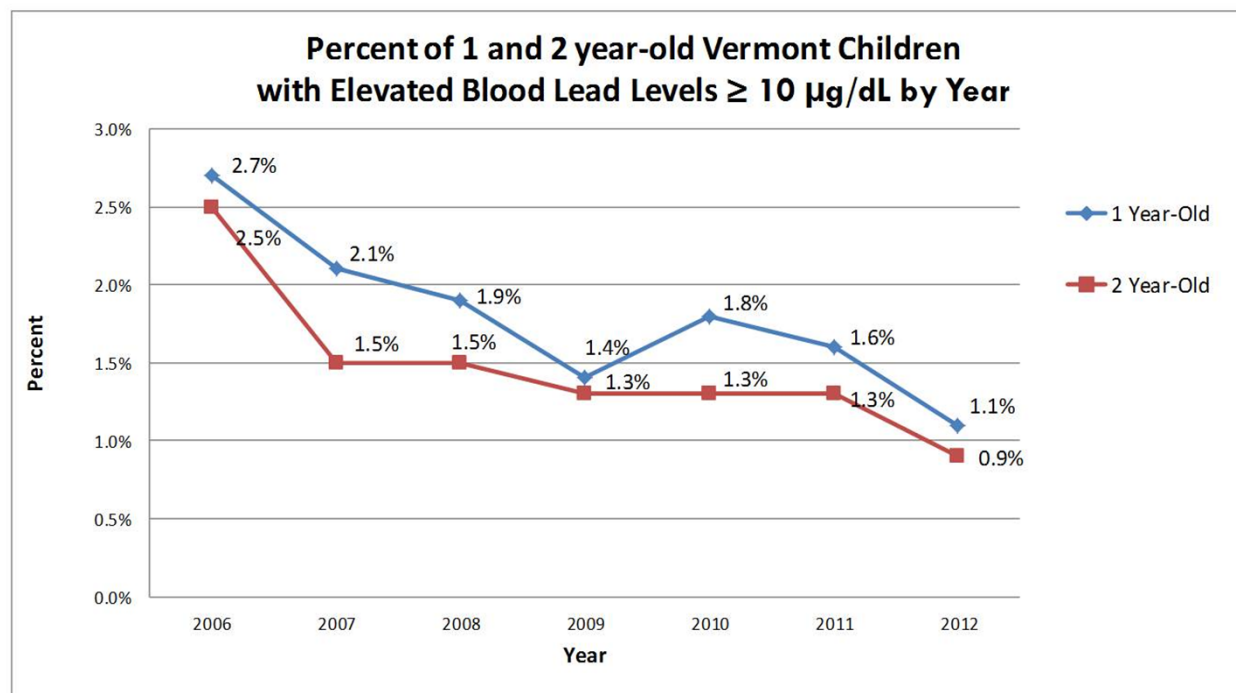
# Environmental Health Prevention Efforts

## Healthy Homes Lead Poisoning Prevention

- 12 district offices work with the community and offer lead and healthy homes prevention information
- Healthy home visits to children with an elevated blood lead level

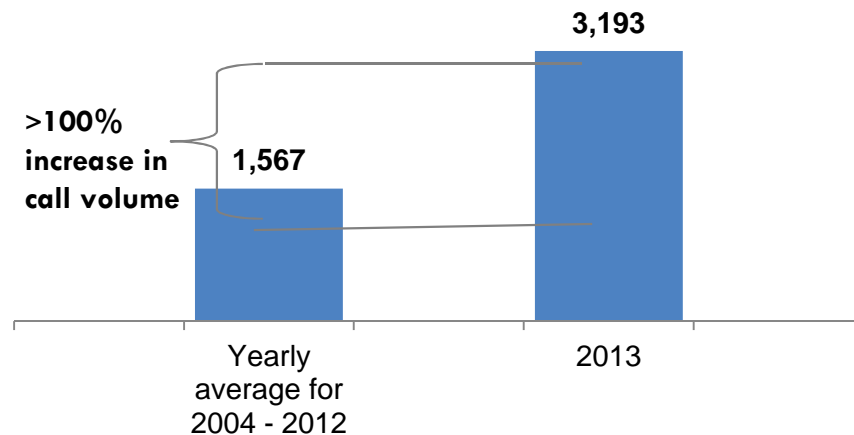
## Radon Prevention

- Offers free radon test kits (1,383 sent in 2013)



# Tobacco Quit Services: Recent Success

## Vermont Quitline (1-800-QUIT-NOW) Total Calls



## Web Performance Report

Period:	Jan 2013 Visits	Jan 2014 Visits
<b>All</b>	<b>6,860</b>	<b>16,628</b>
<b>Mobile</b>	<b>1,032</b>	<b>6,440</b>



- For each year between 2004 and 2012, the average number of calls was 1,567.
- In 2013, there were **3,193 calls** – more than double any year in program’s history.
- In its first month, the new website [www.802Quits.com](http://www.802Quits.com) increased visits by 158% over the same month in 2013.

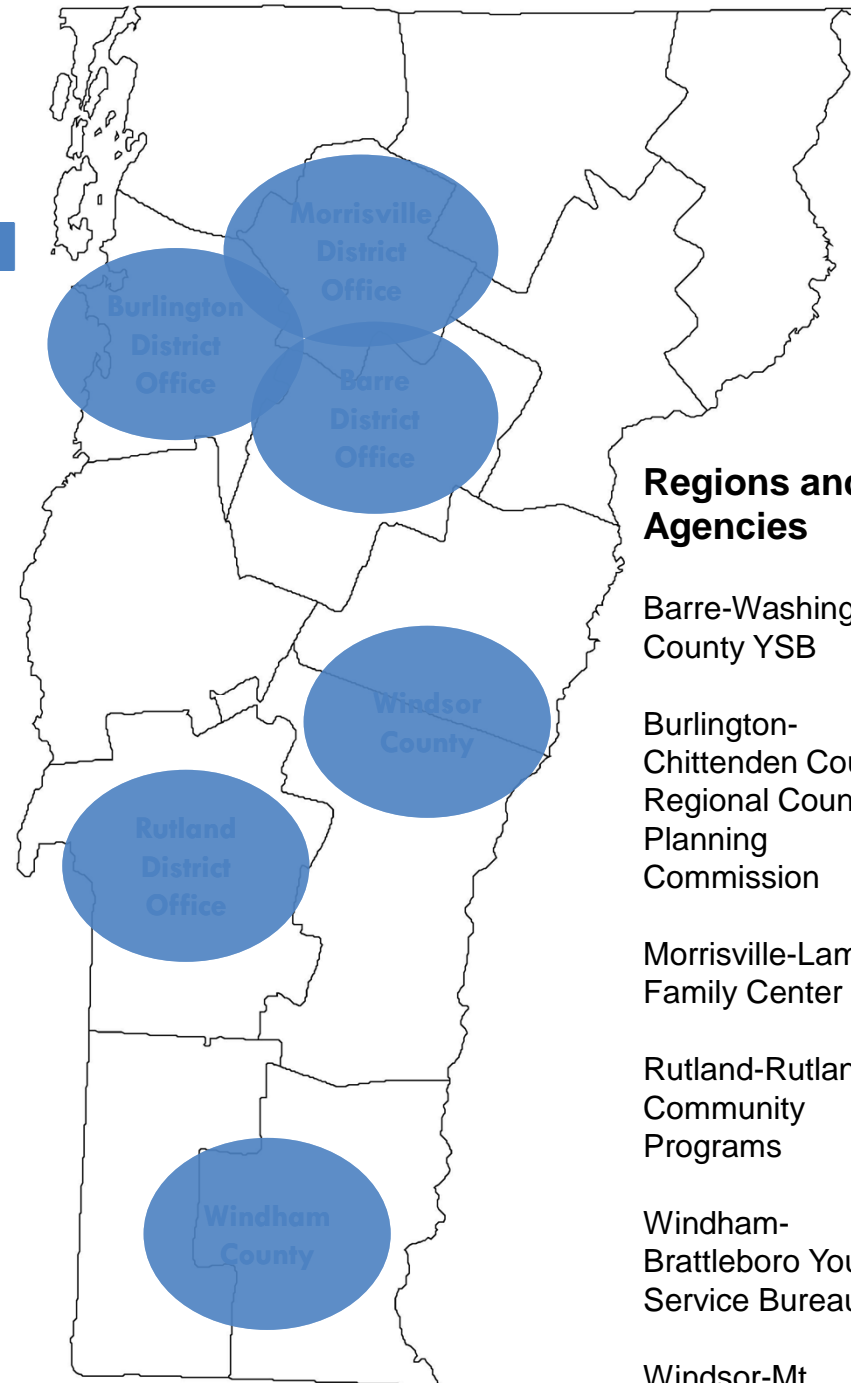
# Partnership for Success (PFS)

## PFS Goals:

*Reduce underage and binge drinking and prescription drug misuse and abuse (ages 12-25)*

## Overview:

- 3-year grant (9/12 to 10/15)
- Total funding: \$3,565, 584
- Environmental and individual based-strategies
- Partnership with community partners
- Estimated exposure to PFS strategies: 359,205 individuals (66% of Vermont population)



## **Regions and Lead Agencies**

Barre-Washington  
County YSB

Burlington-  
Chittenden County  
Regional County  
Planning  
Commission

Morrisville-Lamoille  
Family Center

Rutland-Rutland  
Community  
Programs

Windham-  
Brattleboro Youth  
Service Bureau

Windsor-Mt.  
Ascutney Hospital &



# Healthy Community Design

*Planning and designing communities that make it easier for people to live healthy lives.*

## **Healthy Community Design:**

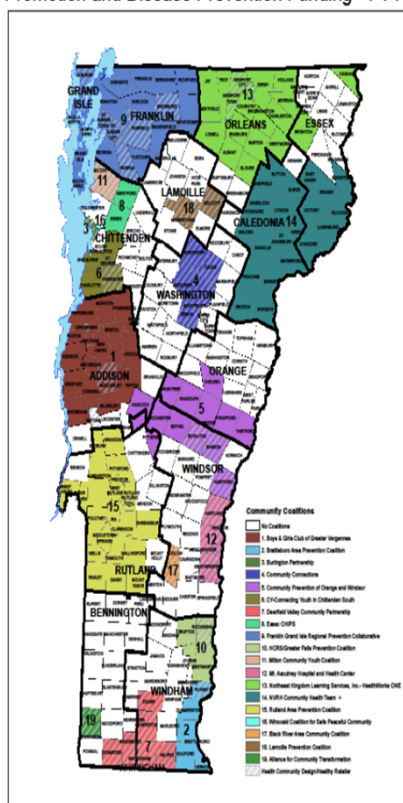
- Enhances access to healthy food, clean air & water
- Improves mental health and safety
- Increases physical activity
- Supports zoning to reduce alcohol/tobacco
- Builds social equity and sense of community



# Combined Community Grants

## Obesity Prevention Program's Healthy Community Design Strategies

Community Coalitions Receiving Health Promotion and Disease Prevention Funding - FY13



Strategy	Coalitions	Towns	Vermonters Impacted
Increase Mixed Used Development	4	8	75,680
Improve Bicycle and/or Pedestrian access	10	15	121,519
Improve Parks, Recreation & Open Space	8	20	122,045
Increase Access to Healthy Food	8	17	129,556

### Accomplishments 2013

**Hyde Park:** Improvements increase biking & pedestrian safety.

**Fairfield:** Upgraded Recreation Trail includes mile markers.

**Milton:** Revitalized Farmers Market with \$5 coupons to low-income for fresh fruits & vegetables.

**Mt. Ascutney:** Albert Bridge School open for community use for recreation off-school hours.

- The Guide to Community Preventive Service - strong and sufficient evidence.
- CDC's MMWR report "Recommended Community Strategies and Measurements to Prevent Obesity in the United States."

# Public Health in the Community



# New Public Health Laboratory Colchester, Vermont



# New Public Health Laboratory



- Projected move by October 2014
- Construction in progress and within construction timeframe
- Third party certification for BSL3 lab for verification of systems
- New Lab equipment in progress for purchase

# Domestic Violence



- Governor's task force for the prevention of domestic and sexual violence recommended development of a statewide plan
- \$15,000 will complement existing CDC funded rape prevention grant
- Funds will be granted to the Network for Prevention and Domestic Violence to conduct focus groups to find out what messages and programs would be most effective and to build the statewide plan

# Vaccine Purchasing Program

- VT has always had universal vaccine purchasing program
- In 2013, insurers provided for 52% (\$7.3 million) of all vaccine purchased from CDC
- Overall cost to vaccinate children has increased and purchasing off federal contract offers cost savings
- Savings as a result of this program are 14%-63% higher for pediatric vaccines and 31% - 66% higher for adult vaccines

# Substance Abuse Services – The DVHA/ADAP Connection



## Substance Abuse Services Have Historically Been Funded Through Federal Grants

- Pre 1981 – Funded with a variety of federal categorical grants
- 1981 – Grants consolidated to a federal mental health and substance abuse block grant
- 1992 – Mental health and substance abuse block grants were separated
- Funds services across the full continuum of care
  - ▣ Prevention – intervention – treatment – recovery
  - ▣ Treatment for uninsured individuals

- The Single State Authority (ADAP) was established to accept federal block grant funding
- There has been a substance abuse Medicaid carve out for more than 20 years
  - Treatment services for Medicaid recipients
    - Outpatient/Intensive Outpatient
    - Residential treatment services
    - Medication Assisted Therapy (Hubs)

- ❑ Leadership throughout the continuum of care
- ❑ Provide guidance for integrating substance abuse services within other State programs
- ❑ Issue grants and contracts to purchase services
- ❑ Approval of treatment preferred providers
- ❑ Clinical oversight of care within the preferred provider system
- ❑ Licensure of alcohol and drug counselors

- Provides a very wide range of services to Medicaid eligible individuals. Substance abuse is a subset of the total system.
  - Substance abuse treatment services
    - Hospital-based services
    - Physician services (spokes)
    - Pharmacy (buprenorphine)
  - Specialty substance abuse coordination services
    - Team care program
    - Spoke staff program

# How does the funding integrate?

## DVHA Funding

DVHA Substance Abuse Treatment  
Provided by Physicians, Hospitals, Private Practitioners.  
Prescription and Lab Costs

\$25.0 million

## ADAP Funding

Prevention, Schools, Court Programs, Recovery Services

Treatment for uninsured at Preferred Providers:  
OP/IOP, MAT, Residential

\$11.7 million

**ADAP Medicaid-Carve Out –**  
Services Provided by Preferred Providers:  
OP/IOP, MAT, Residential  
**\$16.6 million**

CY2013 Actual Expenditures

# “Hub and Spoke Model”

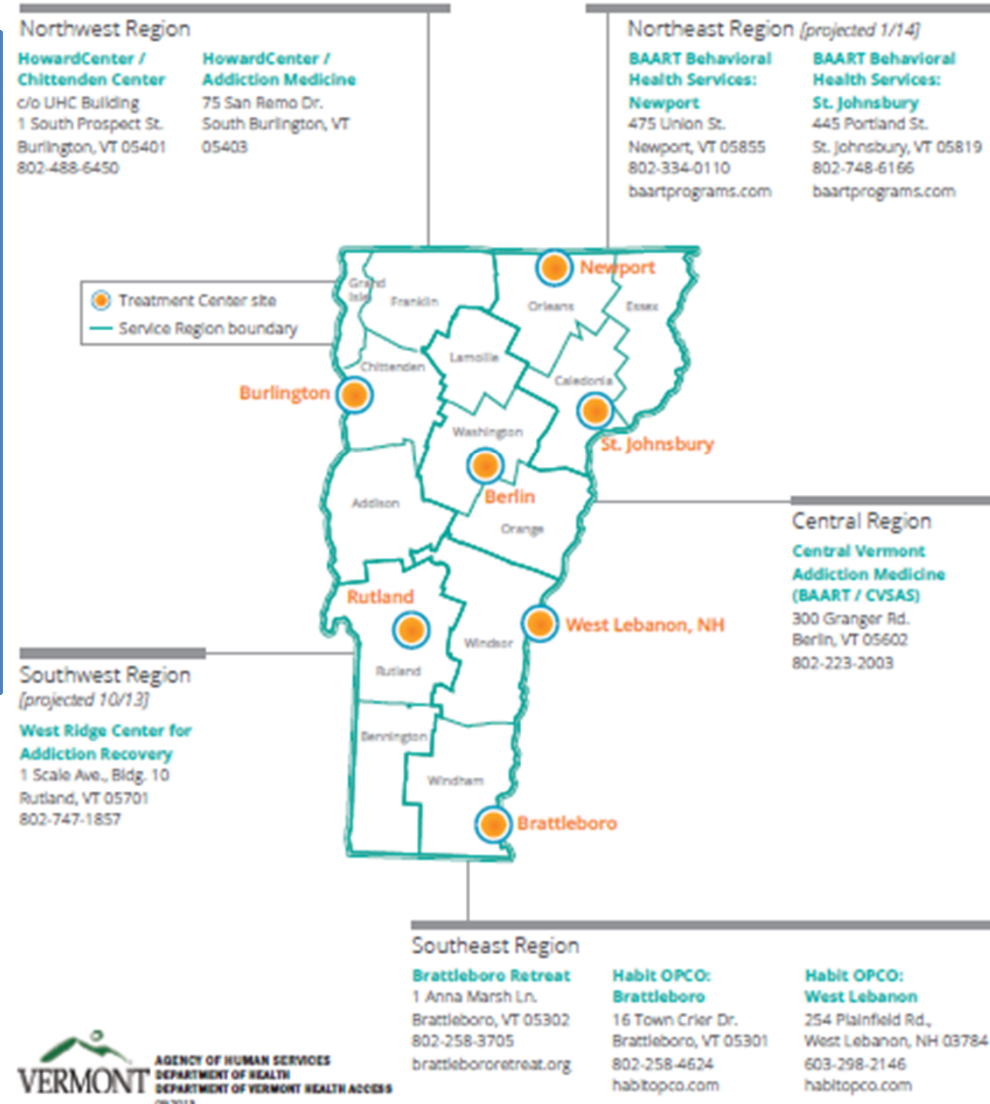
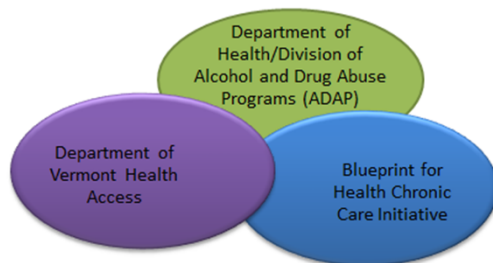
## Care Alliance for Opioid Addiction

## Treatment Center Service Regions

### Goals

- + An established physician-led medical home
- + A single MAT prescriber
- + A pharmacy home
- + Access to existing Community Health Teams
- + Access to Hub or Spoke nurses and clinicians
- + Linkages between Hubs and primary care Spoke providers in their areas

Vermont Agency of Human Services  
Oversight and Collaboration



- Expect demand for treatment to increase
  - ▣ SBIRT grant
  - ▣ DVHA Initiation and Engagement Performance Improvement Project
  - ▣ Continued growth of the opioid treatment system
- Continued need to work closely
  - ▣ Care coordination modelling
  - ▣ Funding mechanism improvements