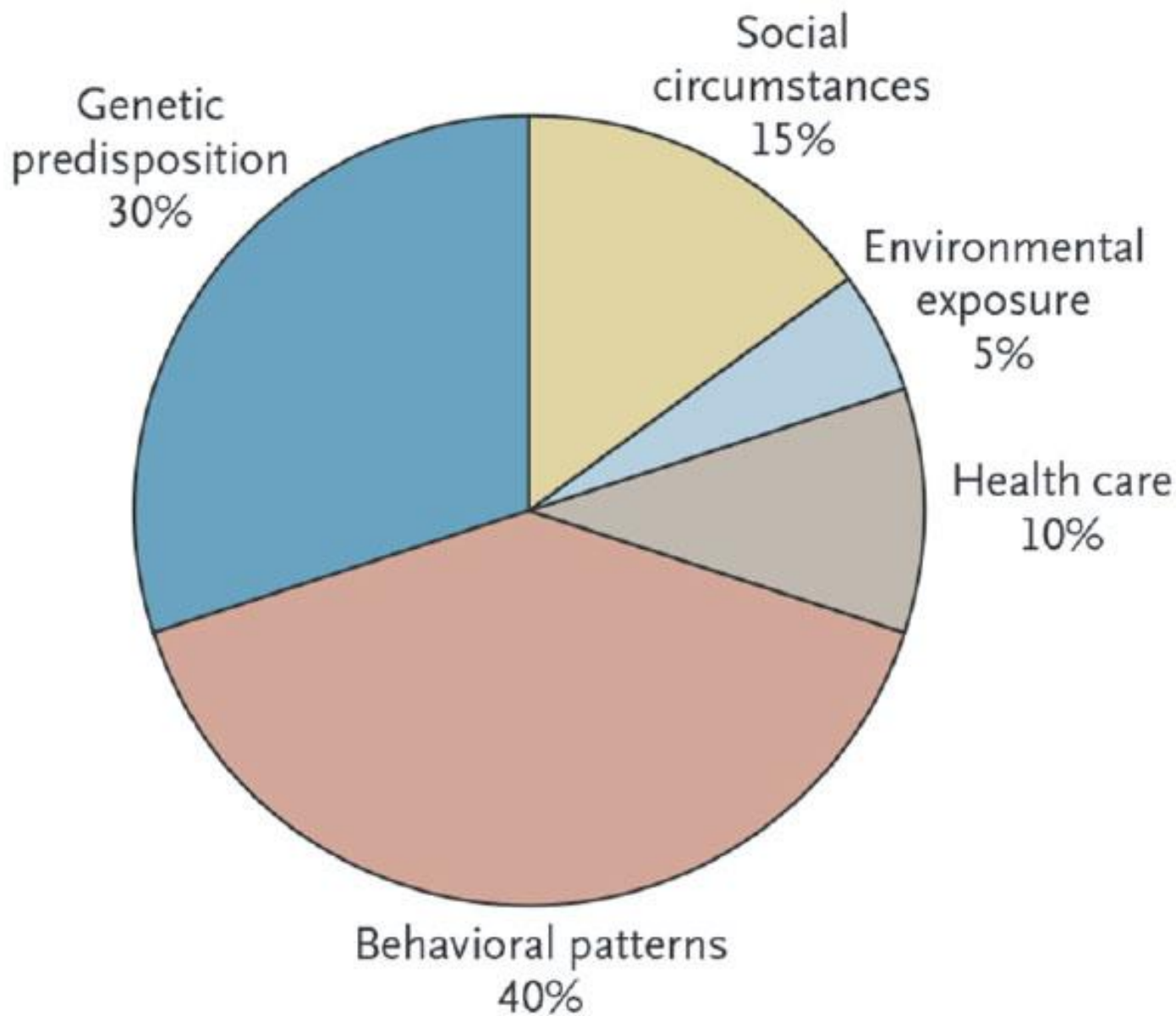


KEEPING VERMONTERS HEALTHY



Determinants of Health and Their Contribution to Premature Death

Proportional Contribution to Premature Death

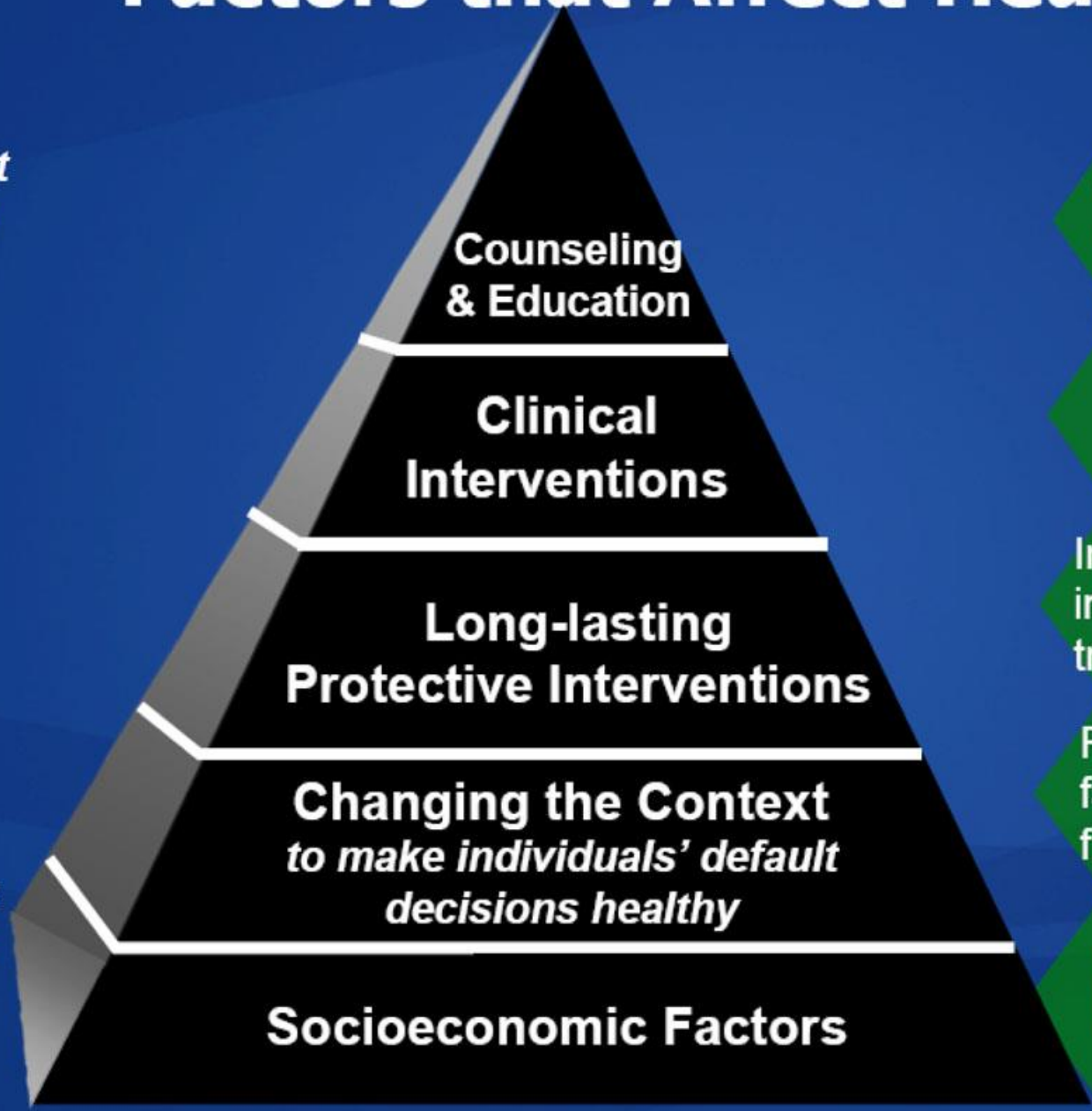


Factors that Affect Health

*Smallest
Impact*



*Largest
Impact*



Examples

Condoms, eat healthy
be physically active

Rx for high blood
pressure, high
cholesterol

Immunizations, brief
intervention, cessation
treatment, colonoscopy

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

Poverty, education,
housing, inequality

Opioid Antagonist Pilot Program

- 2013 VT Legislature tasked the Department of Health with creating a pilot program for distributing opioid antagonists—*medications to counteract opioid overdose*.
- The department collaborated with the two pilot sites.
- The community sites provide the public with information about overdose prevention and kits containing naloxone, intra-nasal adaptors and an instructional brochure.



Howard Center Safe Recovery Program

(Burlington area)

<http://www.howardcenter.org/Substance-Abuse>

802-488-6103

HIV/HRC Resource Center- Syringe Exchange Program

(White River Jct. area)

<http://www.h2rc.org/sep>

802-295-1868

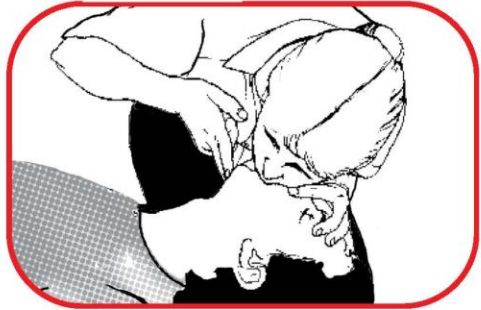
<http://healthvermont.gov/adap/treatment/naloxone/index.aspx>

Overdose Rescue Kit _____

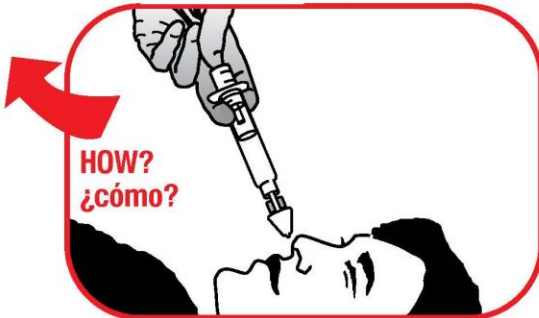
How to give nasal naloxone for suspected opioid overdose



1. CALL 911
Llame al 911

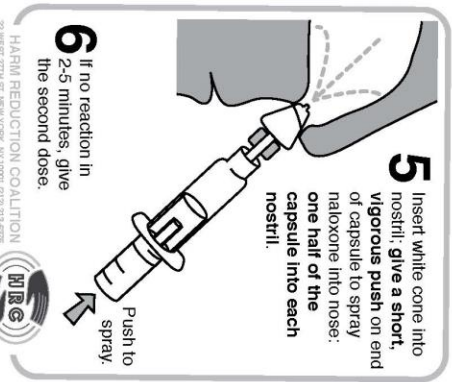
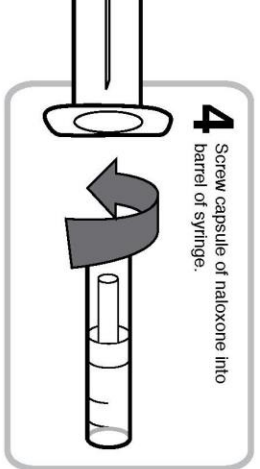
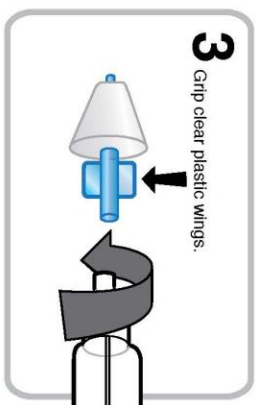
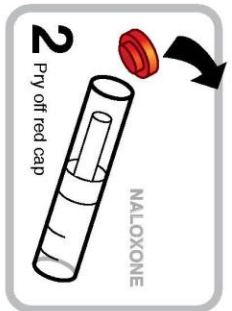
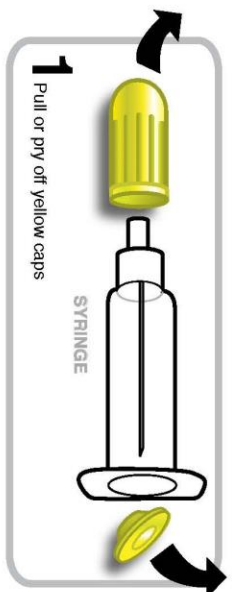


2. RESCUE BREATHING
Respiración de Boca a Boca



3. GIVE NALOXONE
Administra Naloxone

HOW TO GIVE NASAL SPRAY NALOXONE



HARM REDUCTION COALITION
22 WEST 27TH ST. NEW YORK, NY 10001 678 213-6286



CHAMPPS: Making Healthy Communities

Coordinated Healthy Activity, Motivation & Prevention Programs

Funding

- Since In FY11, 100% of CHAMPPS funding allocated to obesity prevention. 29% of VT youth are overweight or obese.
- In FY13 and FY14 CHAMPPS was supported by state legislative funds (\$335k), Public Health Infrastructure Grant, Community Transformation Grant: total \$550,000 a year.
- In FY15 down to \$335,000 which is too low to maintain Healthy Community Design and Healthy Retailers.



Accomplishments 2013

Hyde Park: Streetscape improvements to slow traffic and increase biking and pedestrian safety.

Fairfield: Upgraded Fairfield Recreation Trail to include trail and mile markers along with a map.

Milton: Revitalized Farmers Market by increasing vendors, giving \$5 coupons to low-income for fresh fruits & vegetables.

Mt. Ascutney: Made available the Albert Bridge School in West Windsor for community to use for recreation off-school hours.

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

Community Transformation Grant

- \$621,760 in CDC funding annually through Sept. 2016

Program	Reach (as of September 2013)
Farm to School	56 schools - 24,944 students
Nutrition & Physical Activity in Child Care	60 programs in four counties
Smoke free College Campuses & Public Housing (SASH)	1 campus; 3 in process 1 housing site; 2 in process – 2,773 residents
Healthy Retailer	15 communities, 61 stores – 122,000 residents
Healthy Community Design	14 communities – 60,052 residents
Fluoridated Water	2 communities in process
Community Health Workers assisting Public Housing Residents: Hypertension and Tobacco Cessation	3 communities – over 500 residents

TOBACCO:

Helping Smokers Quit, Preventing New Users

Tobacco control program FY14: \$3.836 million from MSA, CDC, GC.

Evidence Based Approach

- Interventions: cessation, state and community interventions, mass media, surveillance
- Media (ads, social networking) drives cessation activity, shapes social norms
- Health Dept. is more than doubling the national buy for CDC's "Tips from Former Smokers" campaign along with airing new Vermont Quit Partner ads
 - ▣ Effective at increasing population-level quit attempts

*Calls in first 10 months of 2013 were **23% of total calls in 2004 – 2012***

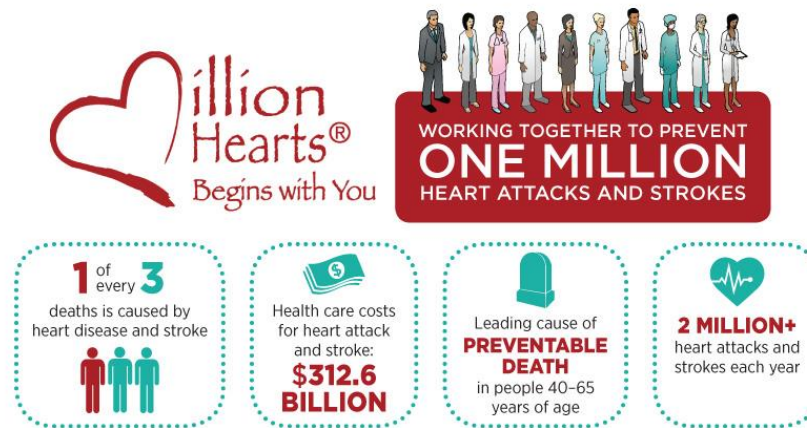
Adult cessation mass media campaign Dec 30 – Feb 9, 2014

- "Tips from Former Smokers"
<http://youtu.be/MdJi8U4VSmk>
- "Vermont Quit Partners" campaign
<http://www.youtube.com/watch?v=102GG9QOyMk>



Million Hearts: VT Learning Collaborative

Through 6/14 ASTHO is providing funding and support to VDH, eight other states and Washington DC in a national learning collaborative.



Part of national Million Hearts initiative is to **prevent one million heart attacks and strokes by 2017**

In Vermont, collaborative goal is to improve hypertension identification & control, clinical & patient management.

Partners: Vermont private and public insurance payers, primary care providers in Rutland, St. Johnsbury and Burlington Health Service Areas, Blueprint for Health, Community Health Teams, and community partners.

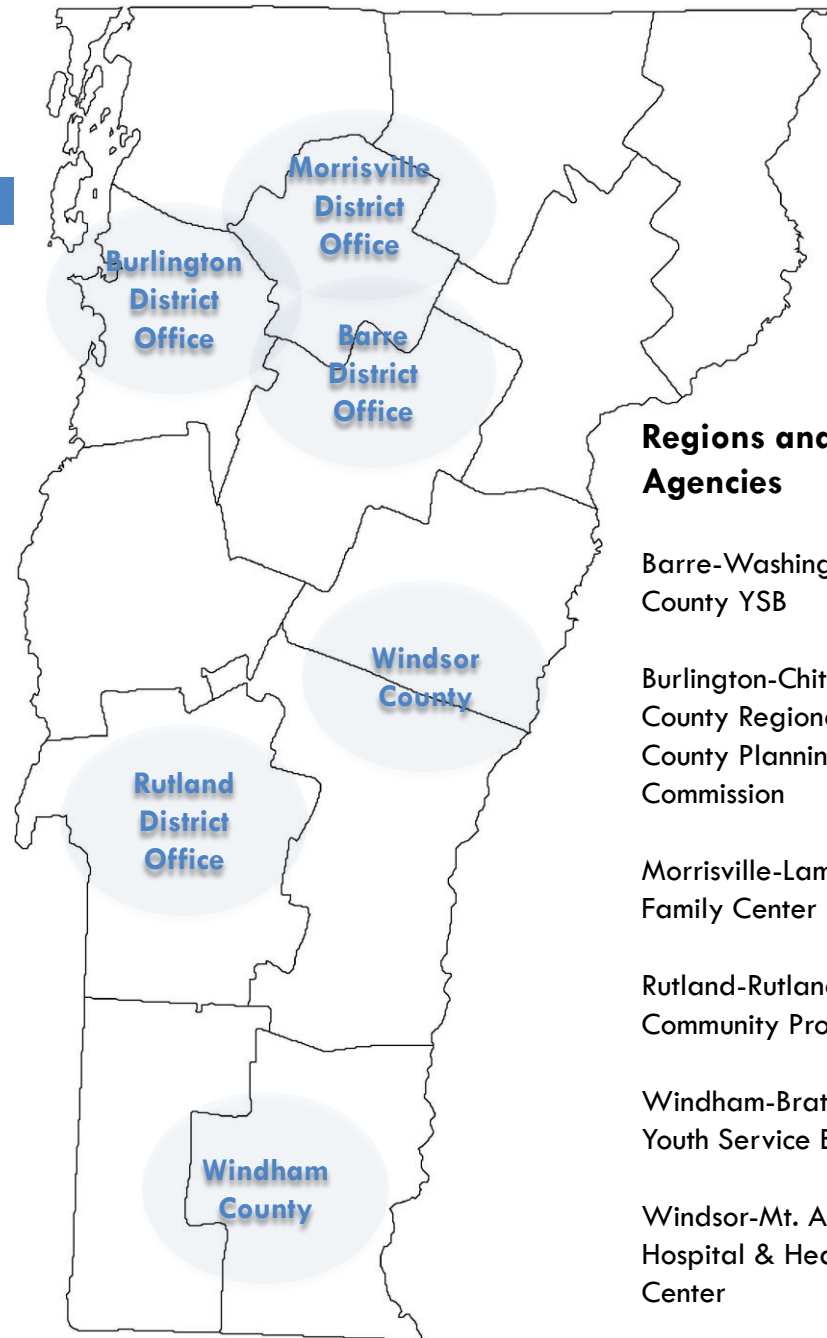
Partnership for Success (PFS)

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 & Health
Center

SBIRT

A five year \$9.9 million SAMHSA grant

Screening: Universal screening done in a medical setting to quickly assess use and severity of alcohol and illicit/prescription drugs use, misuse, and abuse

Brief Intervention: Brief motivational and awareness-raising intervention provided by medical sites to risky or problematic substance users

Referral to Treatment: Referrals to specialty treatment for patients whose use indicates a substance use disorder

Goals

- + Ensure substance misuse screening and brief interventions are accessible for all adult Vermonters.
- + Fund initial training, staff, resources and technical assistance to implement SBIRT at 10 locations throughout Vermont.
- + Prepare to sustain SBIRT through changes to billing codes & health information technologies.
- + Screen 95,000 Vermonters over 5 years

Participating Sites

- + **The Health Center***- Plainfield
- + **Community Health Centers of Burlington***- Burlington
- + **Northern Tier Center for Health***- Alburg, Enosburg, Richford, St. Albans, Swanton
- + **Little Rivers Health Care**- Wells River, Corinth, Bradford
- + **Community Health Services of Lamoille Valley**- Morrisville, Stowe
- + **Central Vermont Medical Center***- Berlin
- + **UVM Student Health Center**- Burlington
- + **Rutland Free Clinic**- Rutland
- + **Bennington Free Clinic**- Bennington
- + **People's Health and Wellness Clinic**- Barre

*1st Year Sites

The Vermont Youth Treatment Enhancement Program

A four year \$3,800,000 grant by SAMHSA

Components of Service Delivery:

- Behavioral Health Clinical Assessment (the CASI-A)
- Use of either of two evidence based treatment practices (7 Challenges and Seeking Safety)
- Effective/efficient linkage with additional recovery supports, as needed

Evaluation of Impact of Treatment:

3 months, 6 months, Discharge

The Youth Service System

Enhancement Council:

To guide policy and other adolescent and young adult substance abuse treatment system enhancements

Goals

- A) Support the adoption of evidence based substance abuse treatment practices for 12-24 year olds
- B) Plan for and implement expanded use of the practices first in 2 pilot sites, then across Vermont
- C) Facilitate the identification and implementation of policy changes needed to sustain use of practices
- D) Report to and collaborate with the funder: SAMHSA

Collaborations

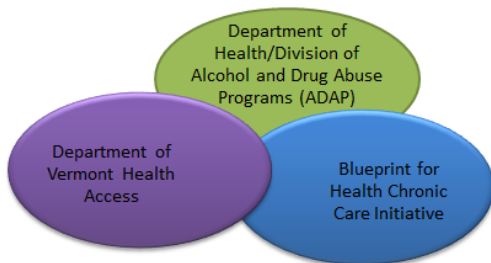
- AdCare Educational Institute of Maine (Grant Contractor to Support Grant Implementation)
- The Vermont Child Health Improvement Program (VCHIP) - grant evaluator)
- Washington County Youth Service Bureau and Centerpoint Adolescent Treatment Services (Pilot Sites for Evidence Based Treatment Practices)
- Eventually, All Vermont Youth Treatment Providers who become trained in the evidence based practices

“Hub and Spoke Model”

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



Care Alliance for Opioid Addiction

Service Regions

— Service Region boundary ● Treatment Center site

Northwest Region

<p>Howard Center/ Chittenden Clinic c/o UHC Building 1 South Prospect St. Burlington, VT 05401 802-488-6450</p>	<p>Howard Center/ Chittenden Clinic 75 San Remo Dr. South Burlington, VT 05403 802-488-6450</p>
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Northeast Region

<p>BAART Behavioral Health Services: Newport 475 Union St. Newport, VT 05855 802-334-0110 baartprograms.com</p>	<p>BAART Behavioral Health Services: St. Johnsbury 445 Portland St. St. Johnsbury, VT 05819 802-748-6166 baartprograms.com</p>
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Southwest Region

**West Ridge Center for
Addiction Recovery**
1 Scale Ave., Bldg. 10
Rutland, VT 05701
802-776-5800

Central Region

**Central Vermont
Addiction Medicine
(BAART / CVSAS)**
300 Granger Rd.
Berlin, VT 05602
802-223-2003

Southeast Region

<p>Brattleboro Retreat 1 Anna Marsh Ln. Brattleboro, VT 05302 802-258-3700 brattlebororetreat.org</p>	<p>Habit OPCO: Brattleboro 16 Town Crier Dr. Brattleboro, VT 05301 802-258-4524 habitopco.com</p>	<p>Habit OPCO: West Lebanon 254 Plainfield Rd., West Lebanon, NH 03784 603-298-2146 habitopco.com</p>
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AGENCY OF HUMAN SERVICES
DEPARTMENT OF HEALTH
DEPARTMENT OF VERMONT HEALTH ACCESS
1.2014

Client Population Served In Specialized Treatment Hubs

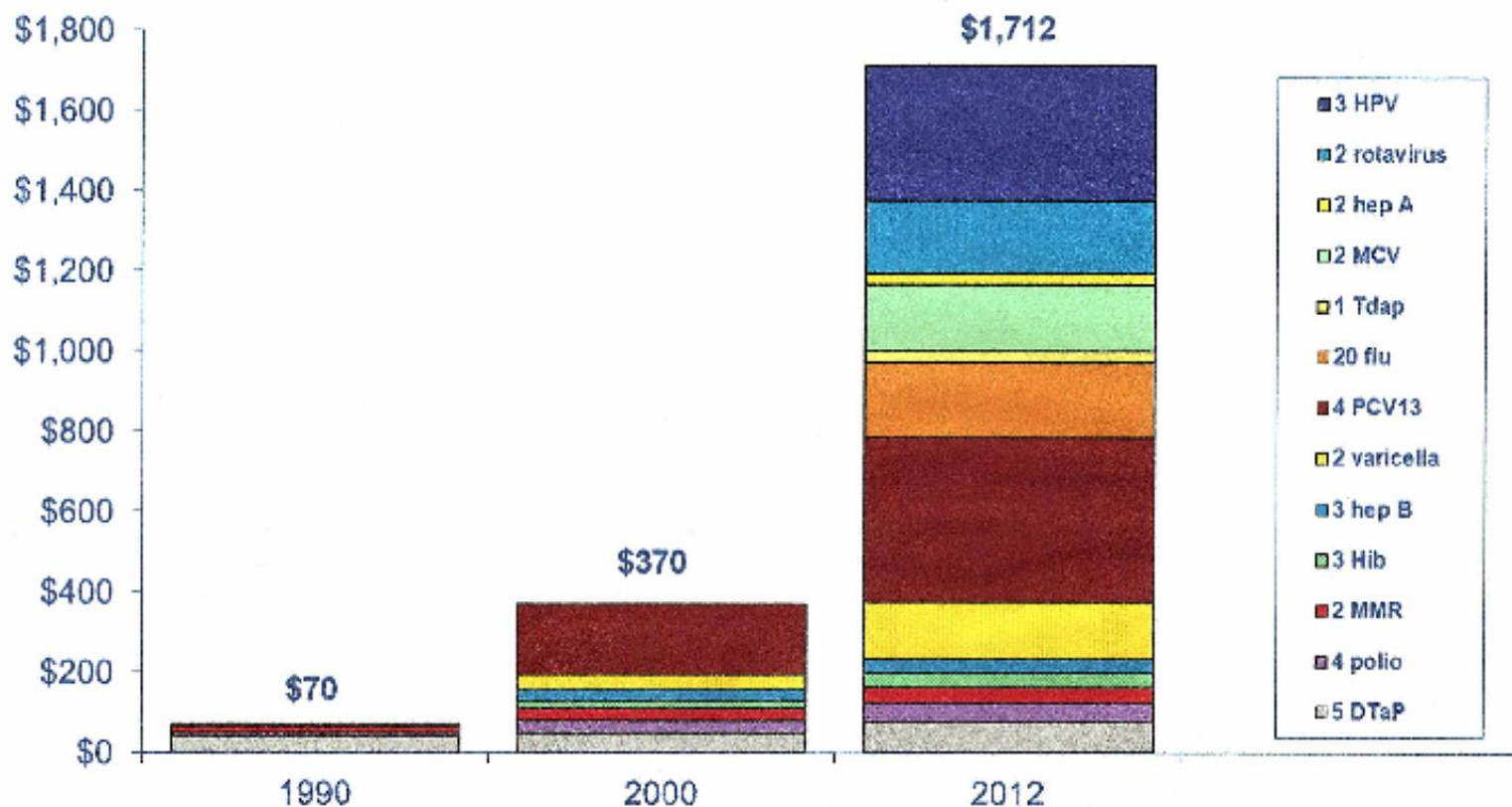
	Client population as of July 2013	Client Population as of June 2014 Projected	Additional People to be served	% Increase
Chittenden	428	883	455	106%
Rutland	0	292	292	
Southeast (Brattleboro/W. Lebanon)	260	404	144	55%
Central VT (Berlin)	79	263	184	233%
NEK (St. Johnsbury/Newport)	234	373	139	59%
Total	1001	2215	1214	121%

Immunization

- Continue to fund a universal vaccine purchasing program for children and adults
 - ▣ Transition from a pilot to a permanent vaccine funding program
 - ▣ Continue to purchase vaccine from the CDC federal contract at prices that are significantly lower than private purchase



Cost to Vaccinate One Child with Vaccines Universally Recommended from Birth Through 18 Years of Age: 1990, 2000, and 2012



2012 represents minimum cost to vaccinate a child (birth through 18); exceptions are 1) no preservative influenza vaccine, which is included for children 6-47 months of age, and 2) HPV for males and females.

Federal contract prices as of February 1, 1990, September 27, 2000, and April 24, 2012.

Act 35 (2011)

- Act 35 (2011), Section 8 (b) requires the Commissioner of Health to testify about the *activities of licensed midwives and certified nurse midwives performing home births and providing prenatal and postnatal care in a nonmedical environment during the preceding year.*
 - Health Dept. gets annual report of MANA data in aggregate. To fully meeting the legislative reporting requirements, Health would need access to case level data, not aggregate
 - Health would also need maternal and infant transport data

Act 35 (2011)

- Act 35 directs Health Dept. to comment on the *level of compliance of the licensed midwives and certified nurse midwives with the laws and rules governing their scope of practice.* (Act 35 (2011), Section 8(b).
- Peer review information is housed at Office of Professional Regulation. Health does not have access to the information.
- To comply with this direction, Health needs access to case data, especially transports