

Fiscal Year
2017-2019

Community Health Strategy

Addressing Community Health Needs



VNA Home Health Hospice



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Introduction

EMHS and our more than 11,000 employees care deeply about our neighbors and communities. EMHS member organizations work hard to understand and address priority needs. We meet regularly with community partners to plan and implement local solutions that make it possible for people in our communities to lead healthier lives. By working together, we promote a culture of stewardship and foster vibrant communities.

VNA Home Health Hospice is committed to shaping health improvement efforts in its service area based on sound data, personal and professional experience, and community need. Through collaborative efforts, VNA Home Health Hospice creates healthier communities through the provision of services, resources, and programs from in-home care to hospice and everything in between.

About EMHS

EMHS is an integrated health delivery system serving the state of Maine. EMHS offers a broad range of health delivery services and providers, including: acute care, medical-surgical hospitals, a free-standing acute psychiatric hospital, primary care and specialty physician practices, long-term care and home health agencies, ground and air emergency transport services, community and population health.



About VNA Home Health Hospice

VNA Home Health Hospice (VNA) is Maine's premier provider of home health, hospice, and eldercare services - offering the most comprehensive continuum of home care among agencies statewide. Since 1921, VNA has been a mission driven, not-for-profit organization - providing clinically excellent, compassionate care to Maine patients and their families, regardless of ability to pay. Committed to their mission - VNA serves a proportionally larger percentage of Maine Care (Medicaid) patients compared to all other homecare agencies in Maine.



VNA services are available to more than 67% of Maine's 18 and older population. The 488 staff and 257 volunteers of VNA serve seven counties and more than 50% of Maine's geographical area. Care is delivered in the community setting out of three agency branches, through six office locations, including: South Portland, Waterville, Ellsworth, Bangor, Houlton, and Caribou. In 2015, VNA clinicians performed 164,847 home care visits traveling more than 3,145,500 miles to serve many of Maine's most rural areas. VNA collaborates with hospitals, physician practices, skilled nursing facilities, assisted living facilities, independent living facilities, non-profit community health groups, and community para-medicine groups throughout Maine and Northern New England to deliver optimized care, comfort, and support to patients throughout the continuum.

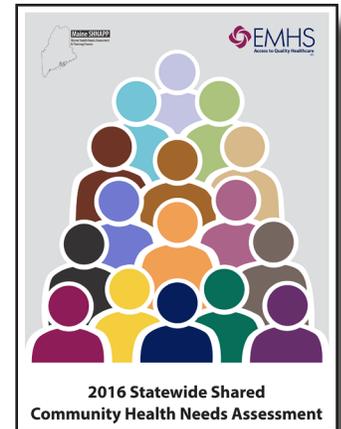
VNA is an innovator in their field, working with payer sources and community partners to deliver industry leading pilot programs that drive optimized patient outcomes. Programs include: Telehealth, Orthopedic Rehab, Alzheimer's and Dementia, Faith Community Nursing, Palliative Care, and a nationally recognized school vaccination program. To improve employee retention and address the clinician shortage in Maine, VNA supports career development through continuing education and certification programs. In collaboration with other community support groups, VNA also offers immigration to work programs designed to recruit and empower direct care workers.

With roots in Public Health Nursing, VNA regularly provides blood pressure screening clinics at many senior centers and each fall provides immunization clinics. Community education sessions are provided to families throughout VNA's service areas regarding weight management, grief support, end of life care planning, diabetes, and wellness. The LifeStages division of VNA supports healthy aging initiatives and serves to fill gaps in traditional care. VNA LifeStages offers eldercare advocacy, geriatric care management, advanced medication management, companionship, personal care, and assists with transportation services. The VNA Foundation supports Mainers without sufficient health insurance and diligently works to fund all VNA programs.

Addressing Community Health Needs

Shared Community Health Needs Assessment

In 2016, Maine's four largest healthcare systems – EMHS, Central Maine Health Care, MaineGeneral Health, and MaineHealth – as well as the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services (DHHS) partnered to research and publish a shared Community Health Needs Assessment (Shared CHNA). The Shared CHNA provides a comprehensive review of health data and community stakeholder input on a broad set of health issues in Maine. The Shared CHNA data were made widely available to the public, as community engagement forums were held across the state, gathering additional feedback on priority issues and opportunities for community health improvement. These reports and the community input received are fundamental to achieving our goal of partnering with community, public health entities and accountable care networks to improve the health and well-being of the communities we serve.



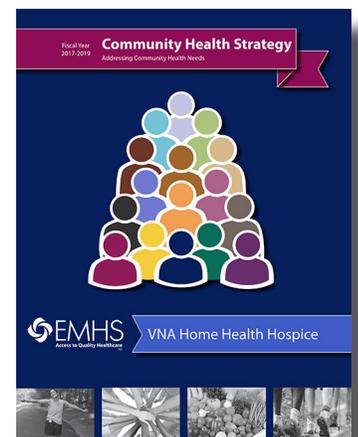
Results of the 2016 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by VNA Home Health Hospice. The efforts identified within help demonstrate our commitment to our community, as we provide benefits reflective of our mission and tax-exempt status. These benefits include a focus on the clinical, social, and environmental factors that influence the ability of people to lead healthier lives.

Community Health Strategy

This Community Health Strategy was developed with input from community stakeholders including those who serve priority populations, local Public Health District Liaisons, local business leaders, and community advocates.

Priorities were selected after weighing the severity of each priority area, availability of known and effective interventions, determination that the priority area was un-addressed or under-addressed, and community collaborations underway with VNA Home Health Hospice.

VNA Home Health Hospice reserves the right to amend this Community Health Strategy as circumstances warrant. For example, certain community health needs may become more pronounced and require enhancements or a refocus to the selected priorities of focus.



Addressing Community Health Needs

Feedback Opportunity

Contact communitybenefits@emhs.org with feedback on this report.

Evaluation Efforts

The priorities identified in the next section will guide the development of a community health improvement plan. This annual plan defines the operational approach to be taken to address the goals and strategies articulated within. By using SMART Objectives (Specific, Measurable, Achievable, Realistic, and Time-Bound) to guide the intervention approach deployed, VNA Home Health Hospice will be able to monitor and evaluate progress over time.

Approval from Governing Board

VNA Home Health Hospice's Community Health Strategy was reviewed by the agency's Board of Directors and a resolution was made to approve and adopt both the Shared CHNA and the Implementation Strategy on **May 19, 2016**.

Selected Priorities of Focus

Priority #1: Preventive Care

Rationale:

Providing school based immunization provides easy equal access for all children, prevents the flu, prevents death from complications, and protects seniors who come in contact with children from possible flu exposure.

Intended action to address the need:

VNA has provided school based influenza immunization clinics in eight school districts primarily in Cumberland and York Counties since 2009, immunizing over 7,000 in 2015. In 2016, initial plans (pending state provided vaccines) is to expand our collaboration with School Districts to at least one school district in Penobscot County, adding the City of Portland and others as requested in Aroostook and Hancock Counties.

1. VNA will continue its leadership role in the Cumberland and York County Flu Task Force; and seek opportunities to partner in other regions.
2. VNA will continue to work with the Maine CDC as an emergency POD site for distribution of medicinal items in a public health emergency.

Programs and resource allocation:

1. Per Diem Staffing resources will need to be added to cover additional sites.
2. Grant/donation funding to offset non-funded resources, and to allow VNA to continue and expand our community benefit of covering the cost of vaccines for those without medical coverage.

Planned collaborations:

Partnerships with identified schools Districts (Portland, SAD 64), community centers, shelters, and senior housing sites; continued partnership with Maine CDC.

Population of focus:

Ages six months and up.

Selected Priorities of Focus

Priority #2: Senior Health

Rationale:

Seniors living in senior sites will have access to blood pressure screening clinics. The desired action will be to help identify those with heart disease early and assist in connecting them with needed resources in the community.

Intended action to address the need:

1. Implement at least one wellness/BP clinic in Aroostook County for seniors.
2. Work as a member of EMHS on implementation of targeted pilots as determined by the Healthy Aging Task Force.

Programs and resource allocation:

1. Staff to assess vital signs and provide health education regardless of insurance.
2. Staff/volunteers as required by the Healthy Aging Task Force.

Planned collaborations:

1. Regional senior housing, meal sites and wellness centers.
2. CAP agencies, Public Health councils, Patient Centered Medical Homes.

Population of focus:

Seniors

Priority #3: Tobacco Use

Rationale:

Many of the patients served by VNA Home Health and Hospice struggle with nicotine addiction. Providing staff with the much needed education and certification will be essential to help patients work through their addiction. The final desired outcome being that patients have a lowered risk of disease and hospitalization and a more positive impact on their health.

Intended action to address the need:

1. Supporting visiting staff in tobacco education and certification through the Tobacco Free Maine program
2. Train the trainer approach
3. Implementing educational and assessment programs for our staff and patients

Programs and resource allocation:

Clinical staff will attend education and certification classes. Those trained are available to visit patients with tobacco dependence and as a resource to other clinical staff.

Planned collaborations:

Tobacco Free Maine

Population of focus:

Home health patients and wellness clinic participants

Priority #4: Obesity/Diabetes

Rationale:

Targeted staff education will help to improve the quality of life for patients with obesity and diabetes. These trained staff members will work to develop evidenced based home care practices and education. Reducing obesity rates will also decrease incidences of diabetes and affect quality out comes such as hospitalizations and ER visits.

Intended action to address the need:

Clinical staff will attend diabetes education classes to achieve certification as Certified Diabetes Educator (CDE). Those trained will work to develop evidenced based home care practices and education. The CDE will be available as a resource.

Programs and resource allocation:

1. Dedicated staff to attend and complete the CDE education program
2. Cost of CDE courses

Planned collaborations:

Collaboration with primary care offices and others involved in the patient's health (Member hospitals, Beacon ACO, Patient Centered Medical Homes, Health homes)

Population of focus:

Home health patients with diabetes

Health Priorities Not Addressed

VNA Home Health Hospice considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. While the full spectrum of needs is important, VNA Home Health Hospice is currently poised to focus only on the highest priorities at this time. A number of priorities not selected, due to a variety of reasons are listed below:

1. Physical activity was not selected by VNA Home Health Hospice as this focus area is being addressed by other local programs.
2. Health Care insurance was not selected as this focus area is outside the scope of our organization's mission.
3. Transportation was was not selected as this focus area is outside the scope of our organization's mission.
4. Substance Abuse was not selected as this focus area is being addressed by other local programs.

Conclusion

VNA Home Health Hospice is thankful for the participation and support of our community members and many area organizations in the Shared CHNA process and for contributing their knowledge of local community health needs. Through existing and future partnerships, collaborative efforts will be essential in addressing the identified community health strategies prioritized within.

VNA Home Health Hospice will engage in another Shared CHNA in 2019 and looks forward to ongoing community participation in these important efforts.

