

Health Care

School-Based Dental Health Program

What: Vermont is looking to implement a state-wide school-based dental health program, including sealants, to improve the health of Vermont children and help reduce their, and the state's, long-term healthcare costs. This program aims to have a statewide reach within four years.

Why: Dental health is a key part of overall health and well-being. Developing good dental health habits from early childhood and receiving preventive dental care are important for preventing cavities and other dental health issues that can mean costly procedures and even tooth loss. Even though nearly all tooth decay (cavities) can be prevented, tooth decay is the most common chronic disease of early childhood, with a prevalence 2-3 times higher than asthma or obesity. According to the Centers for Disease Control (CDC), poor dental health can lead to missed school, poor school performance, dental pain, and potentially serious health complications. Some studies point to a link between poor dental health and costly and debilitating chronic diseases like diabetes and heart disease. Furthermore, a healthy set of teeth is key to helping these children have the self-confidence they will need when meeting new friends at school and as young adults in college, and, subsequently, when they walk in the door for a job interview.

Sealants are a key way to prevent cavities. However, only 55% of Vermont's third graders receive dental sealants and 37% of third graders have already experienced tooth decay. Both percentages have held steady since 2003, leaving room for improvement. School-based sealant programs not only prevent cavities, but also are cost-saving within two years, according to a systematic economic review.

Where: School-based dental health programs across Vermont, rolled out over the next four years.

How: The state will make available competitive grants that would support establishing programs or expanding existing school-based dental health programs. Continued support for the program will come through reimbursement from insurers. The start-up funding in the grants will cover labor, program coordination, data entry, supplies and equipment. Through the school-based dental health programs, dental hygienists will provide sealants and other preventive dental health services (e.g. screenings, cleanings, fluoride varnish and/or silver diamine fluoride application) to children in the school. This program will include collaboration with dental practices and FQHCs.

The enabling mechanism for this program is an appropriation in the Governor's Fiscal Year 2019 budget.

Health Care/Addressing the Opioid Crisis

Improving Outcomes for Pregnant Women and Newborns – Universal and Sustained Home Visiting

What: Vermont will pilot a voluntary universal home visiting program available to babies born in Vermont. This pilot program will provide up to three home visits by a nurse through 16 weeks after birth. It would also provide sustained home visits for substance-exposed newborns and their families. This family-focused service would continue up to the child's second year. The pilot program would launch in two communities in the state Fiscal Year 2019.

Why: Home visits and nursing support to newborns and their families offer important assistance during an exciting yet often stressful period. The goal of these services is to ensure new parents are supported in bonding with their infant, and gain the confidence and knowledge needed for both infant and parental health and well-being. Studies of a universal home visiting program found that families participating in the program had lower emergency care costs, reduced maternal anxiety, improved parenting behaviors and higher home environment quality. Additionally, universal home visits provide the opportunity to link families to community services, especially for women struggling with addiction.

The Scott Administration has focused on three areas in its 6-3-1 message: for years, Vermont has, on average, seen 6 fewer workers in the workforce, 3 fewer children in our public-school system, and 1 child born to a woman with opioid use disorder, every day. To address the "1," the women's health initiative can link women during their pregnancy to needed services, and sustained post-partum home nursing visits continue this support up to the child's second birthday. In these visits, nurses work with moms, their babies and families in a home environment. Home visits cannot remove all the hardships families face. However, by helping women engage in good preventive health practices during pregnancy, by helping parents provide responsible and competent care for children, and by helping parents develop a vision for their own future, these visits support families more effectively – despite the difficulties they encounter – and connect them to resources, groups and peer support in their local areas.

Both the universal home visiting and the sustained visits for families who need them are steps towards improving the health and well-being of Vermont families. Additionally, as Vermont looks for ways to be competitive and to attract young families and workers, this initiative will continue to support reputation as one of the healthiest states and best places to have family.

Where: The state will look to pilot this program in two communities.

How: The model for these visits will build on evidence and lessons learned from national and Vermont programs including: screening tools, visit protocol, supervision and data collection. The pilot would also build on existing networks and initiatives. Services would be coordinated and provided by local early childhood providers. Nurses trained according to the Vermont Home Visiting Program Standards would provide evidence-based screening, information and education, referrals as needed, and assessment of infant health. Data collected through the program would be used to track utilization of the program and to evaluate its effectiveness at improving maternal and child health and wellness. Evaluation of the pilot will also look at its impact on health care spending, services received and spending across other social and community services. The potential of redirecting savings to expanding from pilot to statewide program will be examined.

The enabling mechanism for this program is an appropriation in the Governor's Fiscal Year 2019 budget.

Health Care

Healthy Communities

What: Communities and individuals play a vital role in improving our health and containing the cost of health care. While much of the focus on controlling costs has been on the roles of health care providers, hospitals, Medicare, Medicaid, commercial payers, and the state, communities and individuals can highlight the impact that our environment and circumstances have on our health. As Vermont changes how we pay for health care as a way to control costs (i.e., shifting to payments that incentivize health and quality of care, not just the volume of care) the connection between health care services and opportunities for health in our communities needs to be strengthened.

Four and half years ago, with resources and support available through the Northwestern Medical Center (NMC), the State Innovation Model (SIM) grant and the Vermont Department of Health, the Franklin/Grand Isle community launched RiseVT. This initiative brings together schools, municipalities, government, worksites, families and individuals to embrace healthier lifestyles, improve the quality of life and lower health care costs.

By identifying priorities in their region and implementing strategies that worked for the community, they increased access to physical activities and recreation, healthier food choices, and employer-based wellness programs. In addition, from the outset RiseVT has partnered with the local Department of Health office to implement the state's 3-4-50 strategy – an approach that identifies 3 behaviors (no physical activity, poor diet and smoking) that lead to 4 major diseases (cancer, heart disease and stroke, lung disease, and diabetes), which result in more than 50% of deaths.

Changing the behavior and environment that contribute to chronic conditions, such as the four listed above, and the high cost of health care will take time, but these steps are critical long-term investments in prevention. The goals are to reduce prevalence of individuals with chronic conditions and the amount spent on treating these conditions as they arise. Both goals are in alignment with the population health targets in *Vermont All-Payer Accountable Care Organization (ACO) Model Agreement*. Of note, Franklin and Grand Isle are already seeing some positive results, such as reduced readmissions to the hospital, increased screening for depression, and more children walking or biking to and from school. Many factors likely contribute to these patterns, however, the model on which RiseVT is based, Ensemble Prévenons L'Obésité Des Enfants (EPODE or Together Let's Prevent Childhood Obesity), which has been implemented in countries around the world, has demonstrated positive results. Continued evaluation of RiseVT and the 3-4-50 strategy will identify the degree to which this approach contributes to improving the health of Vermonters.

One key aspect of the RiseVT framework is the bridge between medical and community services. When patients leave the office of their primary care providers, they go back to work, school, home, and their community. RiseVT creates the policies and infrastructure in these settings to support individuals in following the health plan they developed with their primary care provider.

Why: Vermont has long been recognized as one of the healthiest states in the country. However, Vermont is not immune to high rates of obesity (1 in 4 Vermonters are categorized as obese), tobacco use (more than 1 in 5 smoke cigarettes or use tobacco), or hypertension (30%) and other chronic conditions. Today Vermonters are more likely to die from preventable chronic diseases, like cancer, heart disease and stroke, lung disease and

diabetes, than all other causes of death combined. Beyond the physical toll, these preventable and treatable conditions contribute significantly to the unsustainable growth in the cost of health care.

Where: Communities across the state are now developing plans to adopt the RiseVT framework with support from private and public partners such as hospitals, OneCare Vermont and the Department of Health.

How: The RiseVT movement recognizes that health begins where we work, play and live, and that we all have a role in improving our own health and saving money. This initiative began as a public-private partnership and will continue as such. Support from the private sector will continue from hospitals through OneCare Vermont. In its 2018 budget approved by the Green Mountain Care Board, OneCare Vermont has committed to invest \$1.5 million in promoting the RiseVT framework in communities participating in payment and delivery of care reforms through OneCare Vermont. This commitment has included hiring a statewide RiseVT Executive Director and Program Manager, both of whom will support communities to adopt the framework in a way that fits their specific needs and to make healthier options more available. The Department of Health will continue to partner with these communities and others across the state in implementing the 3-4-50 strategy.