

Upper Valley Medical Center (UVMC) is part of Premier Health, the largest private, nonprofit, comprehensive health care system in Southwest Ohio. UVMC is committed to improving the health of the communities it serves with high quality, cost-competitive health services. UVMC is in Troy, the county seat for Miami County, and has a 100-acre campus next to Interstate 75. It offers emergency care, heart care, cancer care, maternity care, behavioral health, long-term care, and much more. UVMC has the only Level II Special Care Nursery between the cities of Dayton and Lima. The hospital has earned Advanced Disease-Specific Care Certification for Acute Stroke Ready Hospital from The Joint Commission and the American Heart Association/ American Stroke Association. It was also recognized as a Top Performer on Key Quality Measures by The Joint Commission.

## **Mission**

UVMC's mission is to improve the health of the communities we serve with others who share our commitment to provide high quality, cost-competitive health services.

## **Communities Served**

The primary service areas identified for Upper Valley Medical Center include Darke, Miami, and Shelby Counties in Ohio.

## **Prioritization of CHNA Community Health Needs**

### *Criteria for Prioritizing*

Upper Valley Medical Center aims to align its priorities with the top community health needs identified in the Community Health Needs Assessment (CHNA), while providing services that aid in addressing the social determinants of health, structural and systemic barriers that impact the surrounding community. Seven health issues achieved consensus as high priorities by these participants and were supported by the secondary data. They align with Premier Health's approach to community health, which has focused on substance abuse and mental health; hunger and food insecurity; physical literacy and chronic disease; and infant and maternal health.

### *Prioritization Process*

Priorities were determined by the number of votes in community meetings; the number and percentage of mentions on surveys. For secondary data, data worse than state or national data, trending in the wrong direction, and impacting multiple counties was considered. Hospital leaders met on May 9, 2022. They endorsed the priorities identified in the CHNA and discussed appropriate implementation strategies.

### *Priorities*

Among the health needs identified in the CHNA, UVMC's top priorities include:

- Cardiovascular health
- Mental health and substance abuse
- Arthritis and osteoporosis
- Dental care
- Lung/respiratory health
- Maternal health
- Prevention

## **Process for Strategy Development**

Premier Health's Director of Premier Community Health and Care Management, Lynn Foubert, convened the hospital team to develop the implementation strategies for these priorities. Assisting the team was Between the Lines consultants.

Attendees invited to the May 9, 2022; meeting included:

- Lynn Foubert, Director, Premier Community Health and Care Management
- Teri Gulker, Director of Nursing
- Kevin Harlan, President of Upper Valley Medical Center
- Lisa Henderson, Vice President, Health Initiatives, Greater Dayton Area Hospital Association
- Denise Herkins, Director of Nursing
- Scott Kanagy, Chief Marketing Officer
- Amanda McClure, Director of Nursing, Upper Valley Medical Center
- Jacqui Rose, Director of Imaging
- Diane Ruhenkamp, Director of Finance
- Paula Thompson, Chief Executive Officer and President, Fidelity Health Care
- Trisha Wackler, Chief Operating Officer/Chief Nursing Officer
- Tomika Hedrington, Consultant
- Robyn Reepmeyer, Consultant
- Tiffany White, Consultant

## Description of Strategies Addressing Top Health Conditions Identified in the CHNA

### *CARDIOVASCULAR HEALTH*

#### *Barbershop Health Initiative*

<i>Sponsor</i>	Sumayyah Shermadou, Program Manager, Community Health Programs
<i>Metrics</i>	About 100 preventative screenings per year through the Barbershop Health Initiative.
<i>Budget</i>	\$28,700 per year
<i>Intervention Goal</i>	The goal is to increase awareness of chronic health conditions and promote healthy lifestyle choices within African American communities.
<i>Description</i>	<p>There are health disparities, especially for chronic diseases, in the African American community. According to the CDC, “new analysis shows that younger African Americans are living with or dying of many conditions typically found in white Americans at older ages. Chronic diseases and some of their risk factors may be silent or not diagnosed during these early years. Health differences are often due to economic and social conditions that are more common among African Americans than whites. For example, African American adults are more likely to report they cannot see a doctor because of cost.”</p> <p>Barbershops are a frequently visited location for the target population. There are often trusted relationships created between the barbers and their clients. These opportunities allow barbers to serve as wellness champions and encourage their clients to be more involved in their health and practice healthy lifestyle behaviors.</p> <p>The Barbershop Health Initiative is a community-based program designed to provide free health screenings and education to community members who may not have access to healthcare and/or a physician. Premier Community Health partners with local barbershops and provides these services in the Mobile Clinic at each barbershop location.</p> <p>Partnering with the local health department, Public Health-Dayton &amp; Montgomery County, will help expand services for the community. Barbers (and salon owners) have a close bond with their clients. They can serve as models of good health and/or help connect their clients to health services. The program provides free, voluntary, and convenient health screenings at the shops. Health fairs, events, and fun challenges also occur.</p>
<i>Partners</i>	Man Up Barber Shop, City Stars Unlimited Barber and Beauty Shop, Deeze Cuttz Barbershop, Headliners Barbershop and Stylzes Barber and Nail Care

## MENTAL HEALTH AND SUBSTANCE ABUSE

### OneFifteen

<i>Sponsor</i>	Elisabeth Esposito, President and CEO, Samaritan Behavioral Health
<i>Metrics</i>	Annual Number of Patients Served: 2021: 2,891 2022: 2,477
<i>Budget</i>	\$2 million per year for the five-year period of 2020-2024 for a total of \$10 million contribution
<i>Intervention Goal</i>	The goal is to remove barriers to treatment regardless of payor source; provide on-demand services 24/7; and refer to ongoing treatment based upon the assessment process following the ASAM (American Society of Addiction Medicine) criteria.
<i>Description</i>	One Fifteen is a beacon of hope for people suffering with substance abuse issues. Substance Abuse services provided by SBHI are designed to provide a seamless continuum that flows from the assessment through mental health and Substance Use Disorders levels of care designed to integrate and meet the needs of the client in developing a recovery-based lifestyle. Access can be via a referral from the area hospitals and emergency rooms, EMTs, walk-ins or via police escort. In addition, planning and implementing an inpatient setting that dedicates a portion of beds to medically complicated clients in need of detox treatment from alcohol, benzodiazepines, and opiates. In the Crisis Stabilization Unit, the patient receives a diagnosis and is then referred to outpatient treatment at SBHI that includes individual and group therapy and Medicated Assisted Treatment. The physicians prescribe Vivitrol and Suboxone. All substance use disorders are treated. Appropriate levels of care are based on <i>The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions</i> . The criteria provide research-validated standards for outcome-oriented care in addiction treatment.
<i>Partners</i>	ADAMHS, GDAHA, Kettering Health Network, Samaritan Behavioral Health, Inc.

## LUNG/RESPIRATORY HEALTH

### Smoking Cessation Program

<i>Sponsor</i>	Sumayyah Shermadou, Program Manager, Community Health Programs
<i>Metrics</i>	Number of people enrolled and number of people that completed the program.
<i>Budget</i>	\$40,000-2023-2025
<i>Intervention Goal</i>	The goal is providing counseling and support to patients, to help them quit smoking.
<i>Description</i>	<p>In 2020, the CDC reported that 19.3% of adults in Ohio smoked compared to the national rate of 15.5%. The CDC estimates 47.9% of daily adult smokers in Ohio quit smoking for one or more days in 2019.</p> <p>The Smoking Cessation Program focuses on supportive conversation revolving around the health issues related to tobacco use, how to pinpoint and deal with personal triggers and overall well-being during the quit journey. The program meets in a group setting, once a week for five weeks.</p>
<i>Partners</i>	Premier Health Physician Network, Community Health Centers

## Lung Nodule Evaluation Program

<i>Sponsor</i>	Amanda McClure, MHA, BSN, RN, Director of Nursing, Upper Valley Medical Center; Jennifer Hauler, D.O., Chief Operating Officer, Miami Valley Hospital
<i>Metrics</i>	Number of patients evaluated, enrolled in registry program for lung nodule surveillance, and referrals for advanced evaluation by a Pulmonologist. -Stage shift to earlier stage diagnosis of lung cancer for the community. -Decreased length of time between first nodule detection and Treatment initiation.
<i>Budget</i>	\$338,000 annually for 3 years earmarked to support program initiation and expansion, IT infrastructure, Advanced Practice Nurse, RN Navigator, and Medical Director
<i>Intervention Goal</i>	The goal is to build a foundation for a robust lung cancer screening program to impact: Timely capture of incidental lung nodules, cohesive care between practitioners, and streamlined referral process through a multidisciplinary “virtual clinic” with Advanced Practice Provider to coordinate care.
<i>Description</i>	<p>An estimated 19% of incidental pulmonary nodules need follow up care ranging from follow-up surveillance imaging to referral for immediate diagnostic intervention and potential treatment. Successful programs have been shown to markedly increase compliance with evidence-based best practice surveillance.</p> <p>Lung Nodule Evaluation Program will ensure that all patients aged 18 or greater who have an incidental finding of a pulmonary nodule at a Premier Health facility or who are referred to the program, receive the proper evaluation and treatment for lung nodules in accordance with the Fleischner Society guidelines for lung nodules and recommended best-practice by the American Academy of Cardiothoracic Surgeons. Services provided are communicated via EPIC in-basket, MyChart patient communication, telephone or mail communication and coordinated with the patient’s care team (Primary care and other specialties) by the APP or pulmonologist. Patients are followed until they have met criteria for completion of recommended surveillance, begin treatment for malignancy, or opt out of the program. The Lung Nodule Evaluation Program provides and is not limited to providing the following services: Imaging Study orders and associated follow up, referral to pulmonologist for nodule management, education on Lung Health, Smoking Cessation, and Lung Cancer Prevention, and Goals of Care as appropriate</p>
<i>Partners</i>	Future partnerships between Fidelity Health Care and Community Employers for program growth to support lung wellness are anticipated.

## MATERNAL HEALTH

### Help Me Grow Brighter Futures

<i>Sponsor</i>	Roberto Colon M.D. Chief Medical Officer, VP of Operations Miami Valley Hospital
<i>Metrics</i>	Caseload of 1,770 families. 100% receiving home visit services receive education and assessment of a safe sleep environment. 100% of all moms, prenatal to age 1 of the child, are screened for depression. 100% of healthy infants survive to their first birthday. More than 80% of moms enrolled prenatally initiate breastfeeding. 54% are still breastfeeding at 6 months. Expansion to serve at least one more geographic area.
<i>Budget</i>	Premier Health supports salary and benefits expenses, projected at \$969,995 annually.
<i>Intervention Goal</i>	There are significant racial differences in infant mortality and the rate of African American infant mortality is over 2x that of White infants. The goals are to reduce infant mortality through home visits from birth to age 3 and to reach a caseload of 1,770 families for 2023-2025.
<i>Description</i>	<p>Home visits include education about safe sleep, smoking cessation, reducing child maltreatment and injury, and encouraging mothers to breastfeed. Making connections to recruit pregnant first-time moms early in pregnancy is critical. One of the Fort Hamilton staff has transitioned to serve Montgomery and Preble Counties. Two staff are available to serve Preble County, expecting a growth of 25 clients. Miami County has added the Nurse Family Partnership to their services. Help Me Grow Brighter Futures partnered by utilizing existing staff to support Miami County.</p> <p>In 2018 and 2019, Help Me Grow Brighter Futures received increased funding through Medicaid to expand home visiting for reducing infant mortality. Enrollment in home visiting increased by 200%. In 2017, the infant mortality rate was 7.7 in Miami County, and in 2019 it decreased to 6.5. Help Me Grow provided 2,171 young children or pregnant moms with home visits and there were 28,124 home visits completed with families in 2022. The Nurse Family Partnership expanded into Butler County in 2020 adding staff at Atrium Medical Center and Fort Hamilton Hospital, to serve 100 first time pregnant women. The program expanded to 10 counties, adding Clark, Darke, Shelby and Warren Counties in 2022. Help Me Grow also added a new program, Parents as Teachers, for families who missed eligibility for other programs but still have needs for parenting support and school readiness. Help Me Grow has 84 home visiting staff including 35 nurses, 24 Social Workers, and 25 teachers.</p>
<i>Partners</i>	Greater Dayton Area Hospital Association, Kettering Health Network, Life Stages Centering, Five Rivers Health Centers, Southview Women’s Center, Grandview Women’s Center, Public Health, physician offices, and a variety of community programs such as the Wesley Center, Elizabeth New Life, Miami Valley Child Development Center, Promise to Hope, Life Resource Center, and Family Service Agency.

*Promise to Hope*

<i>Sponsor</i>	Roberto Colon M.D. Chief Medical Officer, VP of Operations Miami Valley Hospital
<i>Metrics</i>	Total clients served per year
<i>Budget</i>	The 2023 budget is \$358,000. Promise to Hope has been 100% donor-funded through the Miami Valley Hospital Foundation. This includes funding from individuals, corporations, and foundations and levy dollars through the Montgomery County ADAMHS board. In 2020, to support the expansion of addressing Substance Use Disorder (and not only Opiate Use Disorder) Miami Valley Hospital funded a second social worker (1.0 FTE), including salary and benefits.
<i>Intervention Goal</i>	To ensure healthy outcomes, pregnant women with substance use disorder or opiate use disorder require a multidisciplinary approach with connection to community resources. The goals are: 1) Decrease the number of unintentional deaths due to substance overdose in Montgomery County, thereby decreasing the maternal and infant mortality rates. 2) Increase the percentage of mothers who can successfully parent their infants following delivery, as opposed to placement by Children Services. 3) Decrease the average hospital length of stay for infants who are diagnosed with Neonatal Abstinence Syndrome (NAS) and/or Prenatal Substance Exposure. 4) Continue to increase the breastfeeding rate for mothers active in recovery at delivery.
<i>Description</i>	<p>A team of physicians, a registered nurse, and a licensed independent social worker work collaboratively to meet the unique needs of pregnant women with opiate use disorder and/or substance use disorder and their infants. Miami Valley Hospital offers the facilities, the highly specialized equipment, and the experienced physicians, nurses, and related staff to provide care for both the mother and infant. To ensure the healthiest outcomes possible for both mother and child, personalized medical care and wraparound social support are provided. Promise to Hope initiates Medication Assisted Treatment (MAT) – (the use of FDA- approved medications, in combination with individual and group therapies, to treat opiate use disorder and/or substance use disorder) and connects the mother with a recovery agency of her choice in the community for ongoing treatment</p> <p>Promise to Hope has served 776 pregnant women with opiate use disorder since its inception in May 2015. It provides treatment during pregnancy and for up to a year after birth. In 2020, Promise to Hope expanded to include pregnant women with any type of substance use disorder rather than just targeting opiates. The Promise to Hope program has joined the Ohio Perinatal Quality Collaborative and is working with hospitals in Cincinnati, Dayton, Toledo, Athens, Cleveland, and Columbus to improve outcomes for moms and infants.</p>
<i>Partners</i>	ADAMHS Board of Montgomery County; Joshua Recovery Ministries; Five Rivers Health Centers; NOVA Behavioral Health; Samaritan Behavioral Health; Recovery Works Healing Center; and TCN Behavioral Health



## DENTAL CARE

### Miami County Dental Clinic

<i>Sponsor</i>	Kevin Harlan, President, Atrium Medical Center and Upper Valley Medical Center
<i>Metrics</i>	The goal is to sustain three fully operational dental chairs with the support of staff and dental students and provide care to at least 500 students in Miami County during the upcoming school year.
<i>Budget</i>	\$95,000 year for Dentist and Dental Assistant salaries, Dental student stipends, and lab fees for uninsured patients that pay on a sliding scale for services.
<i>Intervention Goal</i>	The goal is to ensure oral health care for underserved and uninsured or under-insured residents.
<i>Description</i>	<p>Miami County has about 50% fewer dentists per capita than the nation. Not all dentists accept patients with Medicaid and/or Medicare, further narrowing the options.</p> <p>Upper Valley Medical Center had provided funding for the Miami County Dental Clinic since 2011. The Clinic serves as a dental home for over 9,000 patients that are on Medicaid or are uninsured. Patients can access care through the clinic or a mobile dental clinic that goes to schools, homeless shelters, community agencies, etc. to provide dental care to patients in their communities.</p> <p>The Miami County Dental Clinic opened in 2008 and provides quality dental care and oral health education to those in the community benefiting from affordable, compassionate, and accessible dental services. Services are offered on a sliding scale. Most of the patients have Medicaid or are uninsured.</p>
<i>Partners</i>	Upper Valley Medical Center and Miami County Dental

## PREVENTION

### Community Health Voucher Program

<i>Sponsor</i>	Lynn Foubert, Director, Premier Community Health and Care Management
<i>Metrics</i>	For the 3-year period, a projected 275 women system-wide will be served by the program. At UVMC, it is estimated that 22 women will be served. The enrollment numbers for clients who receive services at UVMC have remained steady regardless of changes in BCCP (Breast and Cervical Cancer Project) eligibility and the healthcare Marketplace. However, Premier Health is working to increase the number of contracts with providers at the campus for cervical services. When this is accomplished, it will increase the capacity for the number of women served.
<i>Budget</i>	\$69,000 is projected for the 2023-25 cycle for all hospitals, with \$5,000 allocated for Upper Valley Medical Center.
<i>Intervention Goal</i>	The voucher program's mission is to provide financial assistance to detect breast and cervical cancers at the earliest stage to uninsured and under-insured community residents.
<i>Description</i>	<p>This program supplements the State of Ohio's funding to encourage women to be screened for breast cancer and cervical cancer. It provides financial assistance to women who are not eligible for the State program, and it also covers diagnostic testing and biopsies.</p> <p>This program is funded through the UVMC Foundation and other community donations. Clients must be uninsured or underinsured (copayment, deductible, coinsurance) with income at or below 400% of Federal Poverty Level.</p> <p>The following services are covered by this program: screening mammograms; diagnostic mammograms; breast ultrasounds; breast biopsy; surgical consult (breast); Pap tests; clinical breast exams; colposcopies; and educational materials.</p>
<i>Partners</i>	Atrium Medical Center Foundation, Good Samaritan Foundation-Dayton, UVMC Foundation, Miami Valley Hospital Foundation (Help Her Fight), Kroger, Breast Cancer Foundation, Kuhns Brothers and Five Rivers Health Centers

*Community Health and Mobile Clinic Programming*

<i>Sponsor</i>	Sumayyah Shermadou, Program Manager, Community Health Projects
<i>Metrics</i>	Number of events scheduled; number of preventative screenings (i.e., health screenings, flu vaccinations, etc.); number of people who received health education; percent of people identified as “at risk” and receiving follow up; and the number of people connected to resources.
<i>Budget</i>	\$100,000 per year
<i>Intervention Goal</i>	The goal is to bring healthcare services to underserved communities in Miami County. Many community members in underserved communities do not have easy access to healthcare. The purpose of Premier Community Health’s Mobile Clinic program is to make quality healthcare accessible at frequently visited locations to help community members receive care without having to travel long distances. The Mobile Clinic program partners with several locations (i.e., community centers, local schools, non-profit organizations, etc.) to offer healthcare services on a routine basis.
<i>Description</i>	The Mobile Clinic program offers health screenings and assists with physician referrals. The health screenings include blood pressure and blood glucose tests. The screenings are administered by a Premier Community Health nurse who completes the services being requested and uses paper forms to document. The patients receive their results immediately after the screening and discuss their screening values with the nurse. Patients also may undergo screenings for cholesterol evaluations. Services primarily focus on cardiovascular health. Literature about chronic diseases and healthy lifestyle alternatives are provided to patients.
<i>Partners</i>	Lincoln Community Center; Troy Senior Citizens Center; Tipp Monroe Community Services; J. R. Clarke Public Library; Milton Union Senior Center; Oakes-Beitman Memorial Library; Piqua Activities Center YMCA; YWCA Piqua; and Piqua Public Library

*The Daily Mile*

<i>Sponsor</i>	Lynn Foubert, Director, Premier Community Health and Care Management
<i>Metrics</i>	Reengage and expand to at least two additional school districts in the region.
<i>Budget</i>	In-kind donated labor, equivalent to .28 FTE each year for 3 years.
<i>Intervention Goal</i>	The goal is to present physical activity as an important opportunity that shapes health, development, and future physical activity behavior in children. Children will experience higher levels of fitness, lower body fat, and stronger bones and muscles with an increase in physical activity levels.
<i>Description</i>	<p>Regular physical activity benefits the mental and social health of children. The Daily Mile is a wellness intervention developed in Scotland, designed to increase physical activity levels during the school day by encouraging children to participate in a jog or run, at their own pace – with walking kept to a minimum. The Daily Mile objectives coincide with Healthy People 2020 objectives — to target younger children through physical activity in childcare settings.</p> <p>The Daily Mile was developed in 2012 and primarily featured in Scotland and England schools; however, its positive impact on the children resulted in participation from over 10,943 schools and nurseries worldwide and 2,309,784 students. Premier Health and the involved partners introduced the first Daily Mile pilot program in 2018. The pilot program resulted in a 52.7% participation rate in which 80% (of the students participating) demonstrated growth in their level of endurance. The pandemic unfortunately put this program on hold. For the upcoming year, this program's goal is to reengage existing school programs and implement 4 new schools over the next 3 years. The success of The Daily Mile can be credited to the partnership between the organizations and the school's educators. Premier and the community agencies involved with the project continue to work to expand the program within local school districts.</p>
<i>Partners</i>	Dayton Children’s Hospital; Public Health Dayton & Montgomery County; Five Rivers Metroparks; Centerville City School District; Miamisburg City School District; and Centerville-Washington Park District

## Healthy Heroes

<i>Sponsor</i>	Teresa Leeper, Healthy Heroes Manager
<i>Metrics</i>	Serve 24 local fire and police departments – in the process of adding 5 more.
<i>Budget</i>	Program employees 3.5 full time athletic trainers. Each athletic trainer is budgeted for \$65,000.00. $\$65,000 \times 3 = \$195,000$ . Budget for supplies, mileage, marketing, etc. = \$40,000
<i>Intervention Goal</i>	Premier Health’s goal is to improve overall health and wellness by building relationships with first responders and inspiring them to engage in activities that promote improved injury rates and overall awareness of occupation specific healthcare needs.
<i>Description</i>	Healthy Heroes is a comprehensive wellness and fitness program designed to increase the effectiveness, efficiency, and durability of First Responders such as firefighters, EMS, and law enforcement. This program prepares the first responder for the physical readiness of the job and helps fight risk factors for injuries and illnesses associated with first responders. Athletic Trainers provide on-site weekly injury evaluation clinics to assess and treat musculoskeletal injuries common to the first responders. Our goal is to prevent minor injuries from becoming major disabilities. Athletic Trainers also provide education on various health and wellness topics such as nutrition, stress and sleep, and fitness specifics. Healthy Heroes Athletic Trainers are strength and conditioning specialists who can develop individual workouts to help first responders reach their specific health and wellness goals.
<i>Partners</i>	Community Fire/EMT Stations

*Community Benefit Grant Program*

<i>Sponsor</i>	Lynn Foubert, Director, Premier Community Health and Care Management
<i>Metrics</i>	The size and number of contribution awards.
<i>Budget</i>	\$200,000 per year
<i>Intervention Goal</i>	<p><u>Goal #1: Community Health Improvement</u>: Community activities or programs that respond to community needs and seek to achieve objectives including improving access to health services, enhancing public health, and advancing increased general knowledge.</p> <p><u>Goal #2: Community-Building Activities</u>: Community-building activities improve the community’s health and safety by addressing the root causes of health problems, such as poverty, homelessness, environmental hazards, etc. These activities strengthen the community’s capacity to promote the health and well-being of its residents by offering the expertise and resources of the health care organization</p>
<i>Description</i>	<p>Grant-making policy and specific grant decisions for community benefits contributions are made by the Community Benefits Executive Committee (or designees). The size and number of contribution awards are related to the amount of money available each year and vary year to year. Awards are typically in the range of \$500 to \$8,000.</p> <p>All projects:</p> <ul style="list-style-type: none"> <li>• Addresses health system priorities: Premier Health’s priorities include behavioral health/substance abuse, birth outcomes, and chronic disease management.</li> <li>• Addresses social determinants: Social determinants are all the environmental factors that influence your health, including early childhood development, employment opportunities, food insecurity, air and water quality, transportation, educational attainment, public safety, and housing.</li> <li>• Addresses health equity and disparities: Health equity is achieved when immutable characteristics such as race, gender, sexual identity, and more are not correlated to higher rates of adverse health outcomes. Health disparities are the differences in health outcomes based on race, ethnicity, sexual orientation, and/or socio-economic status.</li> <li>• Upstream approach: An upstream approach addresses the community factors that shape health before any clinical intervention is necessary (also known as social determinants of health). These factors can include fields as diverse as affordable housing, public safety, access to healthy food, and economic opportunity.</li> <li>• Integration: Partnerships that align the practices and perspectives of communities, health systems and public health under a shared vision, establishing new roles while continuing to draw upon the strengths of each partner</li> <li>• Local: Partnerships that engage neighborhood residents and community leaders as key voices and thought leaders throughout all stages of planning and implementation</li> <li>• Data-driven and evidence-based: Partnerships that use data from both clinical and community sources as a tool to identify key needs, measure meaningful change, and facilitate transparency amongst stakeholders to generate actionable insights; mirroring proven strategies that facilitate tangible change.</li> </ul>
<i>Partners</i>	None

## **Accountability**

The Executive Community Benefits Committee is responsible for ensuring that strategies occur which meet the community needs, as outlined in this document. The Director for Community Benefits will assist as a community liaison in collaborative efforts and will help coordinate system-wide initiatives.

## **Significant Health Needs Addressed**

Implementation Strategies, listed on the preceding pages, address the prioritized health needs:

- Cardiovascular health
- Mental health and substance abuse
- Lung/respiratory health
- Dental health
- Maternal health
- Prevention

## **Significant Health Needs Not Addressed**

Currently, Upper Valley Medical Center does not offer any community benefit programs that address arthritis/osteoporosis for the general public. However, the Premier hospital system offers a robust array of services for their patients through their Orthopedic Service Line.

## **Board Approval**

Premier Health's Board of Directors approved the Implementation Strategies on April 25, 2023.