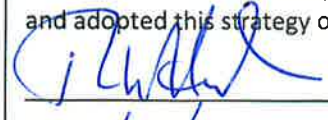


RRMC Board of Directors approved  
and adopted this strategy on



2/5/14  
Initials and date

**Rutland Regional Medical Center**  
**Rutland, Vermont**

**IMPLEMENTATION STRATEGY**  
**Addressing the 2015-2017 Community Health Needs Assessment**

**Background**

*To improve the health of the Rutland Region and surrounding communities by providing appropriate, superior, integrated, preventative, diagnostic and therapeutic health services in a caring environment through the strength of our people, technology and relationships.*

*Mission, Rutland Regional Medical Center*

Rutland Regional Medical Center is a part of Rutland Regional Health Services, a collaborative system of health care providers offering education, specialty care, outpatient acute care, rehabilitation and assisted living housing.

Rutland Regional Medical Center is Vermont's second-largest health care facility, with over 1,600 employees, including 227 providers trained in 36 specialty areas. Our commitment to providing superior medical care goes far beyond what happens within the walls of the hospital facility. Through the strength of our people, technology and relationships, Rutland Regional Medical Center serves our community to the best of our ability, with commitment to access, community health improvement, and meeting the needs of those living in poverty. Our health programming initiatives and other efforts are prioritized in accordance with recent Rutland County Community Health Assessments.

We provide medical services to all individuals with an emergency medical condition. As required by the Emergency Medical Treatment and Labor Act (EMTALA), patients presenting with an emergency medical condition will be provided with medical services and care. Their ability to pay is not considered.

**Community Health Needs Assessment process and priorities**

Rutland Regional Medical Center (RRMC) began performing community health needs assessments in 1996, to identify and prioritize the health needs of the hospital service area's constituents to help guide the planning of hospital programming. The process, both then and now, takes into consideration available data reports on health indicators and combines this information with input from community members and leaders to:

- Describe the health status of the community
- Identify community health needs and concerns
- Compare the needs to those previously identified, to observe trends
- Pinpoint where additional resources are needed

There are many factors that influence the health of a community and for the purpose of conducting this needs assessment we use as a backdrop the definition of health from the World Health Organization (WHO), as adopted at the International Health Conference in New York in 1946:

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

Oversight of the Community Health Needs Assessment (CHNA) process and development of the Implementation Strategy is provided by the Bowse Community Health Improvement Committee, a sub-committee of the Board of Directors. The Bowse Committee is responsible for Community Benefit planning and reporting for RRM. C.

Within the Bowse Committee, there is an Advisory Group specific to the CHNA and the associated Implementation Strategy. This group is made up of community leaders with special knowledge or expertise of public health to monitor the progress of the work, and to provide input, support, and assistance when necessary. Members include representatives from RRM. C., Housing, the Department of Health, United Way, the Visiting Nurse Association, Agency of Alcohol and Drug Abuse Programs, the Regional Planning Commission, and a lay community representative. This group reviewed information and data as it was gathered and assisted in compiling and presenting the information to the Bowse Committee periodically.

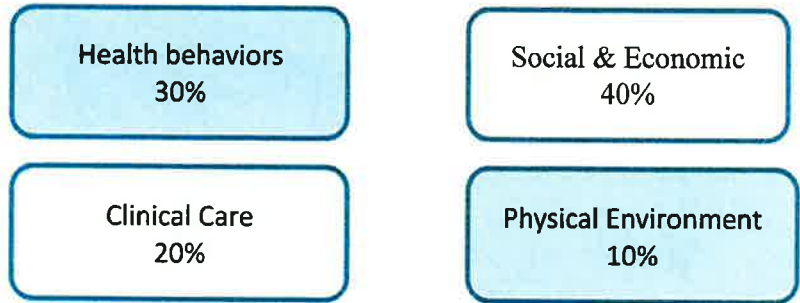
The process and criteria used to prioritize the needs began with gathering and compiling data from secondary research, surveys and focus groups about health status and needs in the Rutland Region, and presenting the information in a broad form to the Advisory Group for preliminary ranking of priorities. The output of this discussion was later presented to a broad group of community leaders, including the Browse Committee members, for final prioritization of health issues identified in the Rutland Hospital Service Area. This meeting took place on May 21<sup>st</sup>, 2015 and included a review the findings from 2012 assessment, namely the priority focus areas identified from across the community and the sharing of examples of some of the activities undertaken to address those needs. The discussion then turned to presentation of the issues being identified through the 2015 assessment data collection processes - secondary data analysis, surveys and focus group discussions. The presentation included review of the mission of RRM. C., and how Community Benefits programming and efforts support this quest. We also shared the following image demonstrating how we must consider approaches to community health needs collectively and collaboratively, taking into account the available resources and expertise within our community.

**Community Benefit  
Priority Setting Scope**



Further, we shared the County Health Rankings model of the factors impacting health and the weighting of each, and we asked participants to consider this is their selection of priorities from the community health needs issues being presented.

### Factors Impacting Health

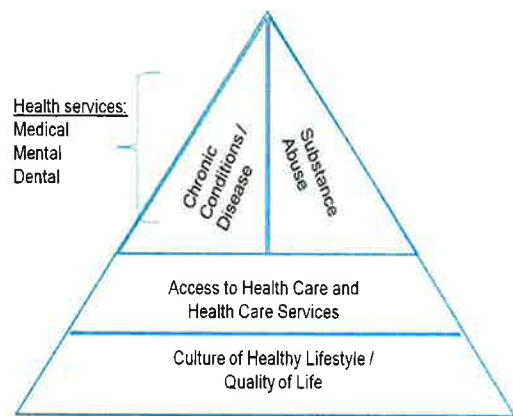


For each factor, six (6) to nine (9) need topics identified and defined for the group to consider. Each of the four factors was color coded and participants were provided four (4) sticky dots in each color. They were then asked to select one or more issues within a category to apply their sticky dots. The results were tallied and briefly reported out at the conclusion of the meeting; these are the priority health issues discussed below.

#### Priority health issues

The CHNA process has proven a valuable tool both to identify areas where attention should be focused to address certain needs and concerns, and to keep the dialog going between organizations and community members to share information, insights, and plans for the future, and to help identify opportunities for collaboration to address identified needs.

This round of the CHNA involved discussion of the many projects and programs that are working to address needs across our community that have been identified through earlier assessments, while drawing our attention to some changes in the needs of our community. These changes are due in part to the changing culture of health and health care. In some ways, we began to think bigger, and in others we found ourselves more focused on specific issues within a category of interest. For example, we continue to see the relationship of health needs, services, and culture in Rutland County as depicted here, but we are seeing more interest and emphasis on strengthening the foundation through culture change.



Community Health Improvement is a broad term that encompasses many aspects and elements, from the individual to the health system as a whole. Considering this and trying to target key issues that will have a significant impact on our community, these are the priority areas we have identified:

Factor	Key issues to address	Importance
Clinical Care	<ul style="list-style-type: none"> <li>➤ Mental health and substance abuse services for adults and youth</li> <li>➤ Recruitment and retention of primary care providers, both medical and dental</li> </ul>	<ul style="list-style-type: none"> <li>✓ To continue to address the drug problem in our community, through treatment, aftercare and prevention.</li> <li>✓ To continue to improve access to care for all community members.</li> </ul>
Healthy Behaviors	<ul style="list-style-type: none"> <li>➤ Life skills for youth</li> <li>➤ Physical activity for and by adults and youth</li> </ul>	<ul style="list-style-type: none"> <li>✓ To improve and promote healthy choices and activities to support a healthy community in which to live and raise a family.</li> </ul>
Social & Economic Determinants	<ul style="list-style-type: none"> <li>➤ Recruitment and retention of businesses and people to the area</li> <li>➤ Societal culture building</li> <li>➤ Educational attainment</li> </ul>	<ul style="list-style-type: none"> <li>✓ To improve the health and well-being of our community, making it an attractive place to live and work.</li> </ul>
Physical Environment	<ul style="list-style-type: none"> <li>➤ Housing</li> <li>➤ Transportation, vehicular</li> </ul>	<ul style="list-style-type: none"> <li>✓ To improve infrastructure to support a healthy community with access to work, recreational opportunities, and services.</li> </ul>

#### Priority populations

- Senior populations – In 2000, 14.9% of the population in Rutland County was age 65 or older. This population grew to 16.6% in 2010, and is reported in the 2011-2013 Census data at 17.3%. Expanding upon this, one quarter (25.3%) of Rutland County residents are 60 years and older by the recent report.
- Individuals living in poverty – From 1999 to 2009, the proportion of individuals in Rutland County living below the poverty level increased from 10.9% to 13.6%; in 2012 this is reported at 13.0%, down slightly, but still above the State average. In Rutland County, 16% of children are living in poverty, compared to the state rate at 15% in 2013.
- Adults and youth with substance abuse issues – Vermont ranks in the top ten of states for illicit drug use for those ages 18-25 (3<sup>rd</sup> per 2012-2013 NSDUH data). Rutland County continues to have 20% of adult residents identify themselves as smokers, tracking higher than the overall state rate; notably, adult women reporting smoking during pregnancy has risen from 24.7% in 2009 to 32% for 2013 (2013 State rate was 18%).
- Youth and adults who are overweight or obese – 32% of adults report being obese in Rutland County, compared to 25% in the State. Youth in Rutland County report being overweight or obese at a higher rate than across the State.

#### Implementation Strategy process

Under the guidance of the Bouse Committee, we also develop the Implementation Strategy. Two focus teams (Access and Utilization, and Healthy Culture) considered the health needs priorities and met to identify activities of RRMC and other community organizations that do, or will, address those needs.

Participants in the focus teams include representatives from RRMC departments, community organizations, and the Department of Health with experience and expertise in each priority area.

The first step of developing the Implementation Strategy was for Community Benefit staff to review the 2016 Corporate Action Plan and the 2016-2020 RRMC Strategic Plan alongside the Community Health Needs Assessment to identify projects and activities being performed or planned that will directly address prioritized needs. With this in hand, we had a platform to open discussions with each of the focus teams to identify and describe activities that exist, and activities that are planned beyond the scope of RRMC.

The Focus teams each met several times to share information about initiatives of their organizations, and those of others, corresponding to the prioritized need being discussed by the group. Once these activities were collected, they were aligned with the change desired (objectives). This listing also identified the responsible parties and the roles of each for each activity, along with goals and objectives to track progress toward improving the health status of our community.

The Implementation Strategy focuses on new efforts, or efforts where significant enhancement or expansion will occur in the work of RRMC to address prioritized health needs in our community. This document was reviewed by the Bowse Committee on December 1, 2015 and presented to the RRMC Board of Directors on December 16, 2015 for approval and adoption.

#### Strategies and initiatives

As the priority areas identified through the Community Health Needs Assessment overlap, there are shared purposes of many of the initiatives outlined here. We need the strength of the triad – the hospital’s activities, policy change, and community commitment to realize change in the health status of our community and its members.

RRMC leads and partners in many collaborative initiatives to address issues of access to and utilization of health care services, and to improve and promote healthy choices and behaviors; we support rely on community organizations that work to influence social, physical and economic factors that are beyond the scope of a healthcare organization’s control or expertise. In our rural community, collaboration and coordination are both necessary and beneficial to affecting change. This Implementation Strategy highlights the actions RRMC will employ that are new or significant improvements building upon existing efforts to address the prioritized health needs.

The primary activities RRMC will lead and/or support to address priorities around Access to and Utilization of Health Care, specifically relating to mental health and substance abuse services for adults and youth include:

- ▶ Operationalizing and integrating SBIRT (Screening, Brief Intervention, and Referral to Treatment) in our emergency department, to achieve a sustainable model. This effort is supported by the State of Vermont Agency of Alcohol and Drug Abuse Programs through technical support and funding. We will also begin to explore options for expanding the use of the SBIRT model to other areas of RRMC.
- ▶ Medication Assisted Treatment expansion at West Ridge Treatment Center, the opiate treatment hub owned and operated by RRMC and working in collaboration with other



treatment providers and community agencies. This effort is also supported by the State of Vermont Agency of Alcohol and Drug Abuse Programs through technical support and funding.

- ▶ Continued expansion of opiate treatment SPOKES, by providing support to embed nursing and clinical addictions/behavioral health counselors in practices prescribing buprenorphine.
- ▶ Support the expansion of Community Health Centers of the Rutland Region (CHCRR), our federally qualified health centers, to additional primary care locations, and through exploration of models of service delivery (transitions of care, case management, care coordination).
- ▶ Implementation and promotion of a Tobacco Free Support Group, to bridge the gap between cessation and sustainability, in collaboration with our community partners.
- ▶ Tobacco Cessation programming through community-based workshop will continue to be strengthened and expanded, with exploration of approaches for specific populations (college students, pregnant women).

As a complement to these efforts, and in our ongoing determination to improve access to care for all community members, we also continue our recruitment and retention efforts, particularly for medical providers, and psychiatric providers for adults and children. Much of this work is done in concert with other leading care providing organizations, to ensure that collectively we are meeting the needs of our community.

In relation to prioritized needs identified around Healthy Behaviors, Social and Economic Determinants, and Physical Environment, our Healthy Culture Focus Team has identified these activities being planned, led, or supported by RRMC for 2015-2017:

- ▶ Continue the work of RRMC to grant funds to community-based projects that aim to improve the health status of residents in the Rutland Region through the Bowse Health Trust. The funding guidelines are tied directly to the priority health issues identified through the Community Health Needs Assessment. While this is an ongoing effort, the programs funded vary greatly and are aligned closely with each CHNA.
- ▶ Explore and implement health and wellness services and/or facilities to respond to community health and wellness needs, in collaboration with community partners.
- ▶ Support and promote tobacco free public places, housing, etc. through policies, ordinances and culture change.
- ▶ Operationalize and implement the Centering Pregnancy model for pregnant women, to improve outcomes by engaging patients and promoting healthy choices, such as breastfeeding.

RRMC is actively involved in many collaborative projects and coalitions working to improve the health and well-being of our community, to make it an even more attractive place to live and work; and to improve the infrastructure to support a healthy community with access to work, recreational opportunities, and services. This includes projects and initiatives that help shift the thinking and culture of our community relative to substance abuse and mental health treatment toward community supported recovery. RRMC continues to participate in Project Vision, the Rutland Area Nutrition Coalition, Rutland Physical Activity Coalition, Rutland Area Prevention Coalition, Promise Community, and many others, as a partner.

For more details, please refer to Appendix A *RRMC 2015-2017 Implementation Strategy Dashboard*, attached.

### Community health needs not addressed

Rutland Regional Medical Center is the lead health organization for our region, providing many services and programs to respond to the health needs of our community members. In some situations, however, due to capacity limitations, or simply the nature of the work, RRMC is not the natural or logical resource or leader.

The prioritized needs identified in our CHNA related to social and economic determinants and physical environment, fall into this category.

There are many new and emerging projects and activities being led by other community partners that will have an impact on the health status of our community; therefore, we provide some specific examples here of initiatives being led by others:

Access to and utilization of care:

- Substance Abuse and Elderly is a local project enhancement of the regional activities of the statewide ElderCare program. This project is a referral program to screen, and refer seniors at risk of or facing substance abuse issues to appropriate care resources in our community. This project is being designed by Evergreen Substance Abuse Services in collaboration with the Southwestern Vermont Council on Aging, SASH (Support and Services at Home), and the State of Vermont Agency of Alcohol and Drug Abuse Programs.
- CHCRR, the Federally Qualified Health Centers in our region contemplating the need for non-emergency urgent care for the greater Rutland community.

Healthy Culture:

- United Way of Rutland County is exploring implementing the Working Bridges program in our region.
- Rutland Recreation Department is planning for an outdoor pool facility, and seeking to bring the Vermont Senior Games to our area, to improve opportunities for physical activity.

**Access to and Utilization of Health Care Focus Team**

	Lead Organization	Method of Evaluation	Data measure	Anticipated Impact	Community Health Priority	Measure Comparison / Change
SBIRT - use in ED (continue to operationalize, integrate in setting); explore expansion to other areas of RRMC	RRMC	# areas used; # screened	2015 baseline: ED only; 3,411 screened	reduce barriers to care; identify early to reduce substance abuse; improve recovery success	MH & SA Services for Adults & Youth - Expand & enhance services; Improve utilization of resources	2014: People treated for Alcohol 252; heroin/other opiates 713; Total 1067 (VT SATIS); HS Sr Binge drinking 32% Rutland v. 30% State (BRFSS 2013); HS Sr. Misuse of Rx drug, ever, 17% Rutland v. 18% State (YRBS 2013) <b>Goal: Increase number of people receiving treatment; reduce HS Sr. Binge drinking; Reduce HS Sr. Misuse of Rx drugs</b>
West Ridge Treatment Center (Hub) - MAT Expansion	RRMC	# served; Wait list	New; # served; average wait list; wait for appt	reduce barriers to care; Improve recovery success	MH & SA Services for Adults & Youth - Expand & enhance services; Improve utilization of resources	2014: People treated for Alcohol 252; heroin/other opiates 713; Total 1067 (VT SATIS); # on wait list; # accessing and for what; <b>Goal: Increase number of people receiving treatment; reduce wait list occupancy; Increase # of people accessing treatment and for what</b>
Opiate Treatment Spokes - continue expanding support by embedding nursing and clinical addictions / mental health counselors in practices prescribing buprenorphine	RRMC, Spoke practices	# of Spoke sites; # FTEs; # served	2015 baseline: 6 sites; 4.1 FTEs; 246 served	reduce barriers to care; Improve recovery success	MH & SA Services for Adults & Youth - Expand & enhance services; Improve utilization of resources	Medicaid patients receiving MAT treatment; People treated for heroin/other opiates 713 (VT SATIS) <b>Goal: Increase number of people receiving treatment</b>
Support expansion of CHCRR provision of primary care site locations and through exploration of models of service delivery (transitions of care, case management, care coordination)	RRMC, CHCRR	# of PCP sites	2015 baseline: 5 sites	reduce barriers to care; reduce inappropriate utilization	MH & SA Services for Adults & Youth - Expand & enhance services; Improve utilization of resources	Access to care - # of primary care providers; # of locations for primary care; <b>Goal: Increase number of primary care providers; Increase number locations providing primary care</b>



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Tobacco Free Support Group - expand and promote	RRMC, Evergreen, Turning Point, RAP Coalition	# of sites; # of groups offered; # of attendees	New; #3 of sites; # of groups offered; # of attendees	reduce barriers to care; improve individual health & well-being; improve recovery success	MH & SA Services for Adults & Youth - Expand & enhance services; Improve utilization of resources	20% Rutland County Residents use tobacco (BRFSS 2013); <b>Goal: Reduce % of Rutland County residents using tobacco</b>
Tobacco Cessation - strengthen and expand community-based workshops through exploration of population specific approaches (colleges)	RRMC	# of sites; # of workshops offered; # of attendees	New; # of sites; # of workshops offered; # of attendees	reduce barriers to care; improve individual health & well-being; Improve recovery success	MH & SA Services for Adults & Youth - Expand & enhance services; Improve utilization of resources	20% Rutland County Residents use tobacco (BRFSS 2013); 25% of pregnant women in Rutland County smoke (VDH); <b>Goal: Reduce % of Rutland County residents using tobacco; Reduce % of pregnant women smoking</b>
Recruitment and Retention - Medical providers, Psych for adults and children	RRMC, RMHS, CHCRR	Goals: 8 MDs (specialists and PCP); 4 NP/Pas	# recruited; # FTEs PCP	reduce barriers to care; reduce inappropriate utilization of services	Improve access to care for all community members	-7 FTE PCP compared to national benchmark (VT AHEC Primary Care 2013); <b>Goal: Increase FTEs of primary care providers</b>

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Healthy Culture Focus Team

	Lead Organization	Method of Evaluation	Data measure	Anticipated Impact	Community Health Priority	Measure Comparison / Change
Bowse Committee Community Funding	RRMC	# funded; \$ awarded	baseline \$300K available for funding	Improve and promote healthy choices and activities to support a healthy community; Improve the health and well being of our community; Improve infrastructure to support a healthy community with access to work, recreational opportunities and services.	Life skills for youth; physical activity for and by adults and youth; societal culture building; educational attainment	Continue to fund programs addressing needs. \$ funded annually
*RAFFL – Cooking classes	RAFFL	<i>New; # of referral agencies; # of community sites engaged; # of participants; % increase over baseline of skills, outlooks, and habits of participants</i>	<i>New; # of referral agencies; # of community sites engaged; # of participants; % increase over baseline of skills, outlooks, and habits of participants</i>	<i>Education re: healthy food and eating; improve access to fresh food</i>	Basic life skills for youth; societal culture building	30% of adults eat recommended fruits and vegetables' 10% of of high school students eat recommended vegetables (BRFSS 2013; YRBS 2013); <b>Goal: Increase % of adults and youth eating recommended fruits &amp; vegetables daily; 30% increase of skills, outlooks, and habits</b>
*VT Farmers' Food Center – HealthCare Share	VFFC	<i># of participants; % of active participation; % increase nutrition awareness</i>	<i>New; as compared to baselines: # of participants; % of active participation; % increase nutrition awareness</i>	<i>Improve access to fresh food; Education re: healthy food and eating</i>	Basic life skills for youth; societal culture building	30% of adults eat recommended fruits and vegetables' 10% of of high school students eat recommended vegetables (BRFSS 2013; YRBS 2013); <b>Goal: Increase % of adults and youth eating recommended fruits &amp; vegetables daily</b>

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RRMC 2015-2017 Implementation Strategy Dashboard

*VT Adaptive Outdoor Adventure	VASS	# of programs offered; # of attendees; % completers	New; as compared to baselines: # of programs offered; # of attendees; % completers	Improve access to physical activity and utilization of recreational opportunities	Societal culture building; physical activity by and for adults and youth	20% of Rutland residents are physically inactive; 55% of Rutland County adults meet physical activity guidelines; 29% of Rutland County adolescents meet physical activity guidelines (BRFSS and YRBS 2013) <b>Goal: Increase % of adults and youth meeting physical activity guidelines</b>
*BROC - Hoarding	BROC	# trainings provided; # of attendees of trainings; # of target population served	New; # of trainings provided; # of attendees of trainings; # of target populations served	Improve and promote healthy choices and activities to support a healthy community; Improve the health and well-being of our community; Improve Infrastructure to support a healthy community with access to work, recreational opportunities and services.	Housing; societal culture building	Increase health and well-being of program participants; <b>Goal: Reduce Rutland County residents reporting poor mental health days (3.6/mo, County Health Rankings Mar. 2015)</b>
*Wonderfeet – Outreach education	Wonderfeet	# of participants; % of target population; cost per client	New; # of participants; % of target population; cost per client	Increase education & skill building re: basic life skills, healthy decisions	Basic life skills for youth; societal culture building; educational attainment	Improve educational attainment; 9.3% Rutland County residents have less than a 9th grade education, or 9th through 12th grade education with no diploma(U.S. Census Jan 2015); <b>Goal: 639 participants over 3 years; Improved health &amp; well-being of participant families</b>

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*CSJ – Farm to School	CSJ	# of schools engaged; # of student participants from schools	# of schools engaged; # of student participants from schools	Increase education re: healthy food and eating; improve access to fresh foods	Basic cooking life skills for youth; societal culture building;	30% of adults eat recommended fruits and vegetables' 10% of high school students eat recommended vegetables (BRFSS 2013; YRBS 2013); <b>Goal: Increase % of adults and youth eating recommended fruits &amp; vegetables daily</b>
*Rutland Rec – Parks Rx Planning	Rutland Rec	Design of a Parks Prescription program for our region; # of community partners engaged	New to plan; selection of a model; # of community partners engaged	Improve access and utilization of existing physical activity resources	Societal culture building; physical activity by and for adults and youth	20% of Rutland residents are physically inactive; 55% of Rutland County adults meet physical activity guidelines; 29% of Rutland County adolescents meet physical activity guidelines (BRFSS and YRBS 2013) <b>Goal: Develop a program ready to increase physical activity utilizing available resources</b>
Explore and implement health and wellness services and/or facilities to respond to community health and wellness needs, in collaboration with community partners	RRMC	# of programs offered; # of participants engaged/completers	New; # of programs offered; # of participants engaged/completers	Improve and promote healthy choices and activities to support a healthy community; Improve the health and well being of our community; Improve Infrastructure to support a healthy community with access to work, recreational opportunities and services.	Physical activity for and by adults and youth; societal culture building	Continue to explore and fund programs addressing needs.

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*Couch to 5K	RRMC	# of workshops; # of participants	2015 baseline: 4 workshops; 98 participants	Improve access to and utilization of existing physical activity resources; Improve the health and well-being of our community	Physical activity by and for adults and youth	20% of Rutland residents are physically inactive; 55% of Rutland County adults meet physical activity guidelines; 29% of Rutland County adolescents meet physical activity guidelines (BRFSS and YRBS 2013) <b>Goal: Increase number of participants from baseline</b>
*Get Fit 5K	RRMC	# of participants engaged	New; # of participants engaged	Improve access to and utilization of existing physical activity resources; Improve the health and well-being of	Physical activity for and by adults and youth; societal culture building	20% of Rutland residents are physically inactive; 55% of Rutland County adults meet physical activity guidelines; 29% of Rutland County adolescents meet physical activity guidelines (BRFSS and YRBS 2013) <b>Goal: Increase % of adults and youth meeting physical activity guidelines</b>
*Nutrition Education Workshop for PCP patients	RRMC	# of workshops; # of sites workshop offered; # of participants	2015 baseline: 2 workshops; 2 sites; 11 completers	Increase education re: healthy food and eating; improve access to fresh foods	Life skills for youth; societal culture building	30% of adults eat recommended fruits and vegetables' 10% of high school students eat recommended vegetables (BRFSS 2013; YRBS 2013); <b>Goal: increase % of adults and youth eating recommended fruits &amp; vegetables daily</b>
Tobacco Cessation – support tobacco free public places, housing, etc.	RRMC	# new tobacco free sites	New; # of new tobacco free sites	Improve the infrastructure to support a healthy community	Basic life skills for youth; societal culture building	20% Rutland County Residents use tobacco (BRFSS 2013); <b>Goal: Reduce % of Rutland County Residents using tobacco; 2 new tobacco free sites</b>
Centering Pregnancy program	RRMC	# of participants; education/knowledge change	New; # of participants; % of participants making one health promotion change; % of breastfeeding at discharge	Improve and promote healthy choices and activities to support a healthy community; Improve the health and well being of our community	Basic life skills for youth; societal culture building	RRMC 2013 48.4% exclusive breastfeeding upon discharge; <b>Goal: 36 participants; 80% making a health behavior change; increase rate of exclusive breastfeeding</b>