

REGIONAL HEALTH CONNECTOR PROGRAM

Five-Year Milestone Report

PREPARED BY
TRAILHEAD INSTITUTE

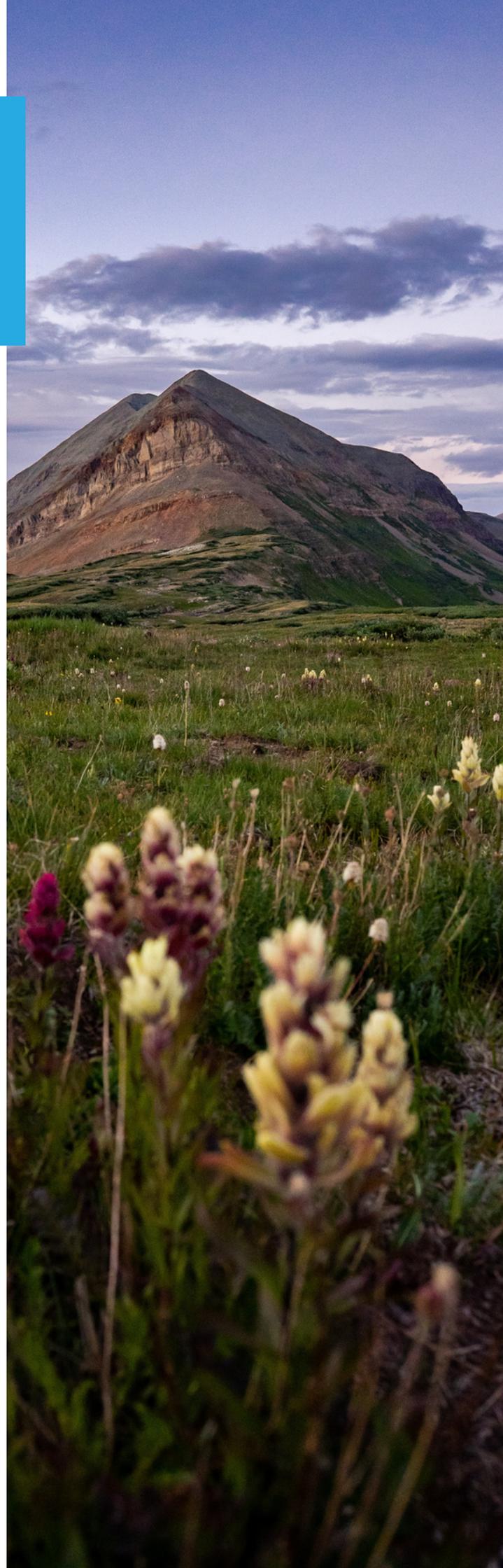
JUNE 2021

Program Background

Built on the idea that a better-connected health system can help to improve the well-being of all Coloradans, the Regional Health Connector (RHC) program was forged with a mission to improve health across the state by developing an innovative workforce that is dedicated to connecting primary care, behavioral health, public health, social services and other community organizations.

Originally formed with funding through the **Colorado State Innovation Model (SIM)** initiative and the **EvidenceNOW Southwest (ENSW)** project, the Regional Health Connector Program began in 2015 with two RHCs serving the Denver metro region and soon reached full force in 2017, scaling its operations to host RHCs in each of Colorado's 21 designated health regions.

As the program enters its fifth year of statewide operation, this five-year milestone report reflects upon the impact that RHCs have made in communities across the state by ensuring that the right systems and clinical and community-based resources are in place to help all people living in Colorado live their healthiest lives. With particular focus on achievements made in 2020, this milestone report also serves to recognize the potential for greater impact through long-term sustainable funding for the Regional Health Connector program.



Summary

Following the end of the SIM and ENSW grant funding in June of 2019, the Regional Health Connector program successfully continued at a smaller level with funding through the University of Colorado Anschutz Medical Campus. With a scaled down second round of grant funding, RHCs' roles shifted to part-time capacity beginning in January of 2020, just months before Colorado would realize the unprecedented and sustained impacts of the COVID-19 pandemic.

As the impacts of the pandemic increased across the state in spring of 2020, the foundational strength of the Regional Health Connector workforce became increasingly evident. **RHCs not only continued their critical role in developing and maintaining connections across sectors, but quickly shifted their work to support local COVID-19 response efforts** - all while navigating a changing landscape for healthcare and service provision and addressing increased social needs to serve regional partners and community members during a time of emergency.

MILESTONES AT A GLANCE

- SEPTEMBER 2015**
First two RHCs hired in the metro Denver region
- WINTER/SPRING 2016**
Three RHCs hired in Colorado Springs and Eastern Plains
- WINTER/SPRING 2017**
15 RHCs hired across the Western Slope, Central Mountains and the Front Range
- MAY 2017**
21st RHC hired in Jefferson County; RHCs present in every region of Colorado
- SUMMER 2017**
RHCs conduct regional assessments and develop workplans to address local priorities
- FALL 2017**
Implementation and revision of local workplans
- NOVEMBER 2017**
First [PARTNER survey](#) conducted
- NOVEMBER 2018**
Second [PARTNER survey](#) conducted
- JUNE 2019**
Initial grant funding for the RHC program ends
- AUGUST 2019**
[Social Network Analysis](#) conducted
- JANUARY 2020**
Second-round of reduced funding from CU Anschutz Department of Family Medicine begins
- FEBRUARY 2020**
Trailhead hires Cross Sector Workforce Manager to manage Regional Health Connector program
- MARCH 2020**
Governor Polis issues stay-at-home order; RHCs begin supporting COVID-19 emergency response efforts across Colorado
- APRIL 2021**
RCH evaluation team begins monthly surveys of RHCs about their pandemic response
- MAY - JULY 2020**
RHC program receives funding for four regions to support targeted assistance to jails to increase utilization of Medicaid and community resources upon a person's release and transition into community from jail
- APRIL 2021**
Seven RHCs are selected to support CU Anschutz' [mAb Colorado project](#) in engaging community members and providers about the availability and effectiveness of COVID-19 monoclonal antibodies (mAb) treatments
- DECEMBER 2020**
RHCs in Garfield/Pitkin and Montezuma counties receive funding from Office of Behavioral Health to support Colorado's homeless and at-risk populations in response to COVID-19 outbreak



SINCE 2017, RHCS HAVE CREATED OR DEEPENED OVER 3,000 RELATIONSHIPS AMONG ORGANIZATIONS ACROSS SECTORS IN EVERY REGION OF COLORADO.

READ COLORADO HEALTH INSTITUTE'S 2019 SOCIAL NETWORK ANALYSIS AND RHC IMPACT REPORT [HERE](#).



STORIES OF IMPACT FROM THE FIELD

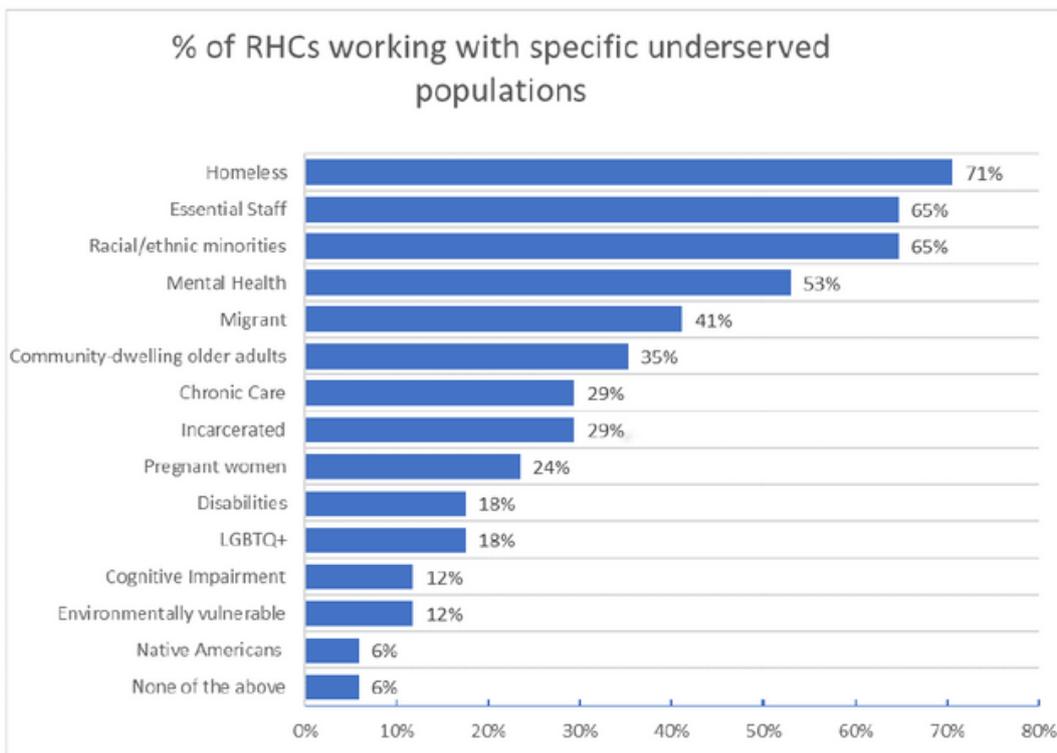
ADVANCING HEALTH EQUITY THROUGH A COMMUNITY-BASED WORKFORCE

A core component of the Regional Health Connector program's success lies in the locally-based structure of the RHC workforce. Because RHCs are residents of the regions that they serve with a history of working within communities, **the program furthers health equity across the state by centering voices, decision-making and resource distribution through those with lived experience and first-hand knowledge of their communities.** This structure embraces the keen ability of RHCs to identify social needs and regional barriers to health in a

manner that respects community expertise, empowers communities to address the health issues that they face and sustains initiatives by supporting and convening local participation. Furthermore, as we consider the value that RHCs bring to addressing local health priorities, it's critical to acknowledge that achieving impact through local priority projects often requires long-term and sustained efforts and funding streams from the RHCs themselves and supporting partners.

RESPONDING TO THE COVID-19 PANDEMIC

Beginning in April 2020, the Regional Health Connector evaluation team began surveying RHCs on a regular basis to understand how their work had been affected by and was responding to the pandemic. RHCs reported working with numerous underserved populations (see figure below) over the course of the survey period, either directly or with partners to address areas of need.



Concluding evaluation, **75.2% of RHCs reported addressing social and economic barriers to health**, making this among the most addressed community need with **housing, employment and bill assistance** identified as the most frequently addressed social determinants of health needs.

Source: Data from monthly COVID-19 pandemic response survey of RHCs, available in [Regional Health Connector COVID-19 Pandemic Response Summary](#).

SHIFTING TO EMERGENCY RESPONSE

RHCs resourcefully worked to meet the needs of partners and community members by directly supporting COVID-19 emergency response efforts as well as addressing the existing social barriers to health that have been exacerbated by the pandemic.



OVER THE COURSE OF THE PANDEMIC, RHCS RESPONDED BY...

ADDRESSING SOCIAL NEEDS

- Supported individuals experiencing homelessness by providing showers, food assistance and contributed to the development of a new men's and women's shelter
- Connected local organizations and community members to rental, utility, and financial assistance
- Supported access to healthcare coverage through collaboration with local agencies and organizations to promote health insurance enrollment while also providing information to support patients without health insurance
- Conducted family outreach for food distribution, school supplies and monetary funds with partners

ASSISTING WITH COVID-19 TESTING, PREVENTION & VACCINATION

- Identified and connected community members to COVID-19 testing sites
- Directly assisted with COVID-19 testing, contact tracing and planning and distribution of COVID-19 vaccines
- Launched online COVID-19 resource lists for local recovery efforts for health clinics, hospitals and community organizations

SUPPORTING PROVIDERS

- Connected healthcare and human service providers with personal protective equipment during the early stages of the pandemic
- Hosted Zoom meetings with providers aimed at increasing communication between public health and healthcare partners with the goal of information sharing to ensure providers could confidently respond to patient needs
- Provided updated screening tools to local clinics to assist with identification of individuals in need of social resources



Supporting Otero County's COVID-19 Mass Vaccination Clinic

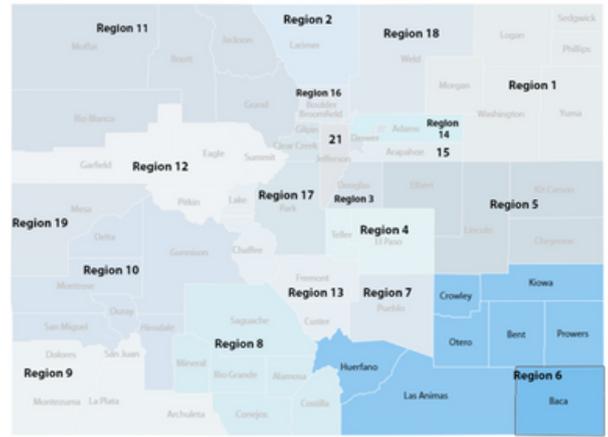


Figure: RHC Region 6

Regional Health Connector Christine Coffield serving Region 6, hosted by **Otero County Health Department**.

Joining the Regional Health Connector workforce in October of 2020, **Christine Coffield's** early work as an RHC in Region 6 focused on COVID-19 response in Baca, Bent, Crowley, Huerfano, Kiowa, Las Animas, Otero and Prowers counties. With the Otero County Health Department (OCHD) serving as the region's RHC host organization, Christine supported the initial planning of OCHD's COVID-19 mass vaccination drive-through clinic at the Arkansas Valley Fairgrounds in Rocky Ford that opened in January of 2021.

Describing the work as an altogether impactful experience, Christine played a part in the on-site planning, day-of set up and logistics for the drive-through clinic through her role as an RHC.

"Just being a part of it was an invaluable experience. Watching the young people that recently became employees of OCHD to help with COVID-19, as well as the young volunteers, was very moving to me. To know that all of us, especially the young people involved, are part of history in the making made me appreciate very much that I was able to be a part of this mass vaccine clinic." – **Regional Health Connector Christine Coffield, Region 6**

Christine assisted with numerous logistics that ranged from planning the entry and exit points to the mass vaccination site to setting up the stations needed at the fairgrounds for staff, volunteers and medical personnel. As the clinic began distributing vaccines, Christine entered data into the Colorado Immunization Information System (CIIS) for those 70 and older receiving their first dose of the vaccine and ensured that the proper forms and clipboards were distributed and sanitized between each use by a team of volunteers.

The launch of Otero County's mass vaccination drive-through clinic was met with success and gratitude from the community in large part due to the dedicated team of volunteers, staff and leadership that rose to meet the moment. Prior to the mass vaccination clinic opening on January 5th, OCHD had planned to administer a first dose of the vaccine to the first 200 eligible people to arrive at the fairgrounds. Before the clinic opened at 1 p.m., OCHD's Executive Director, Rick Ritter, and fellow employees working the entrance to the fairgrounds noted that there were well over 200 people in line for vaccination. Rather than resigning to turning people away, the team acted quickly to determine if more doses of the vaccine could be obtained in order to serve as many eligible people as possible. To much success, the team was able to secure an additional 150 doses from the local hospital, allowing the clinic to effectively administer 350 first-round doses while turning only a few people away as supplies ran out.

In addition to her initial support of Otero County's drive-through mass vaccination clinic, Christine's work around COVID-19 emergency response remains ongoing as she provides support for pregnant women in accessing resources related to COVID-19 from primary care practices, community providers and others who support the health of pregnant women. These resources include information about COVID-19 prevention and protection, testing, vaccine information and mental health support resources.



Addressing Social Isolation Among Older Adults

Regional Health Connector Cynthia Farrar serving Region 21, hosted by Jefferson County Public Health.

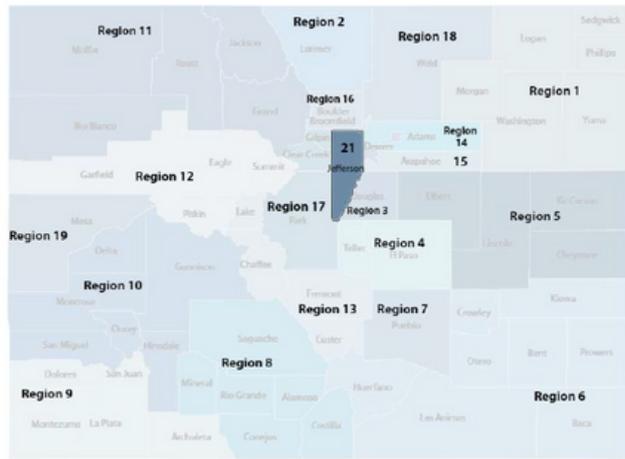


Figure: RHC Region 21

Serving as a **Regional Health Connector to Jefferson County**, Cynthia Farrar’s work in Region 21 has focused on improving connections between older adults with services and programs that address social and physical isolation needs since 2019. Identifying that practices lacked familiarity with services focused on older adults and were less aware of how to screen for and connect older adult patients to resources for social determinants of health needs, Cynthia worked with the platform **Aunt Bertha** to determine how the service was mapping older adult resources for practices with a particular focus in social isolation. →

Noting that communication and establishing connections with older adult populations continue to be a barrier to resource provision, the need to understand where and how to reach older adults is critical. Cynthia identified pharmacies as trusted neighborhood care settings that could serve as a touchpoint between providers and older adults for resource referral. In addition to pharmacies, Cynthia worked with Innovation Support Projects (ISP) practices to educate providers on how to use virtual support services such as Aunt Bertha and AARP’s **Connect2Affect** platform to identify local services that address social isolation needs of older adults.

With the onset of the COVID-19 pandemic in March of 2020, the challenge of reaching older adults experiencing social isolation became greater as many of the constructs that supported older adults in-person via clinical, community, and interpersonal care, shifted or paused all-together.

"All of the sudden everyone pivoted to, ‘We need to make sure our older adults are ok—those that we know how to reach out to.’ But those that were not already connected to a resource, how would we get to them? We know that we’re connecting with those people that we already have connections with, but those others that were also socially isolated before the pandemic, they don’t know how to outreach or where to go." - Regional Health Connector, Cynthia Farrar, Region 21

As the need for emergency response support increased, Cynthia's focus within the older adult space shifted to support homebound COVID-19 vaccination and testing efforts. As the need for homebound testing and vaccination was identified by Jefferson County EMS partners, including the county's Community Paramedic program, Cynthia served as a bridge between the homebound vaccination program and partners who serve older adults. In addition to getting the word out to community partners about Jefferson County’s homebound vaccination program, Cynthia also helped to define who is considered “homebound” and has been instrumental in developing the list of older adults who are eligible for at-home vaccination and testing by ensuring connections are made to community organizations that serve older adults.



Taking on Transit as a Barrier to Health

Regional Health Connector Dee Kessler serving Region 8, hosted by **Rio Grande County Public Health Department**.

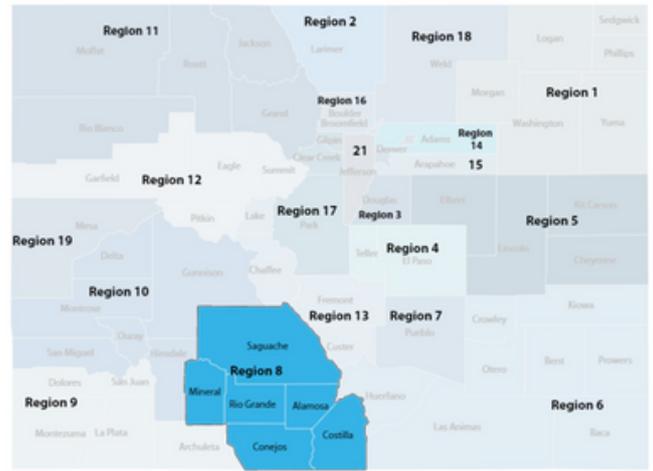


Figure: RHC Region 8

Identifying access to transportation as a barrier to health in the San Luis Valley, **Regional Health Connector Dee Kessler** has been a steadfast advocate and partner in introducing an affordable shuttle service to the San Luis Valley since joining the Regional Health Connector program in 2016.

Upon reviewing needs assessments and visiting with local services and coalitions, the lack of transportation emerged as a recurring area of concern among primary care and social service providers. Dee's work to address access to transportation in San Luis Valley began by convening a group of social services directors from each of Region 8's six counties as well as public health directors, representatives from three local hospitals, chamber of commerce representatives, and various other community members to discuss the issues around public and point-to-point transportation. It quickly became apparent that the road to affordable and wide-spread transportation access is long.

*“Over three years, we met religiously. We invited CDOT (Colorado Department of Transportation) to our meetings and we invited the executive director from **Neighbor to Neighbor** in Chaffee County who told us how Neighbor to Neighbor had created Chaffee Shuttle starting out with one shuttle van and concentrating on the Medicaid/Medicare population. Over 15 years, Connie grew the company getting more grant funding and a fleet of 15 shuttle vans. They [now] provide service to everyone in the Salida – Buena Vista area and other surrounding communities. This gave me hope as I truly believe, with enough time, support, and expertise, that we can build the same here in the San Luis Valley.”* - **Regional Health Connector, Dee Kessler, Region 8**

Convening frequently with community partners, a Regional Transit Group was formed that consulted with numerous cross-sector partners and existing transportation agencies within and outside of Colorado to explore sustainable transportation solutions for San Luis Valley. In 2019, the Western San Luis Valley Regional Transit Group that served the Saguache and Rio Grande county areas obtained funding for a transit study and became an active part of the Regional Transit Group in San Luis Valley. During this time, Chaffee County donated one of their shuttles to provide transportation service from Western San Luis Valley to both Alamosa and Salida two days per week. Combining forces with Chaffee Shuttle and with the support of the San Luis Valley Development Resource Group, the Regional Transit Group is now officially recognized as the San Luis Valley Regional Transit Advisory Council

which grants the group representation at local Council of Government (COG) meetings and increases qualification for more grant funds. Through continued partnership with Chaffee Shuttle, the service now provides two part-time shuttle services, expanding its routes in San Luis Valley to connect with the Bustang Outrider that provides transportation to the Front Range. While notable progress has been made in both service provision and building community support for affordable transportation solutions in San Luis Valley, Dee continues to fiercely advocate and participate in increasing access to transportation throughout San Luis Valley, noting that the introduction of shuttle services to the region not only improves access to primary care and social services but has also created a means of social connection for riders.

IN SUMMARY

WHAT'S POSSIBLE?

The patchwork nature of existing funding and continual effort to sustain this existing and useful resource limits the full potential of the Regional Health Connector program. As we reflect on the strengths and growth of the Regional Health Connector workforce, the readiness of RHCs to respond to the needs of community members and clinical care providers throughout the COVID-19 pandemic is both a testament to the essential role that RHCs have established in communities and is a noteworthy achievement in the program's five-year tenure.

As an industry with roots in prevention, the nimbleness and skilled ability by which RHCs are able to convene resources to advance equitable health outcomes in their regions amplifies our dreams of what the full impact of the Regional Health Connector program can achieve when supported by long-term, unrestricted funding that empowers this essential and innovative workforce at full-time capacity.

WANT TO GET INVOLVED?

Let's Connect

Gillian Grant

Senior Program Manager

GGrant@Trailhead.Institute

JUNE 2021



trailhead
INSTITUTE



COLORADO
HEALTH
INSTITUTE



Practice Innovation Program

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS