

FY10 United Way Latino Outreach Year-End Report

Program: Latino Outreach

Agency: Blue Ridge Medical Center

Date: 07/30/10

1. For the current funding period, please highlight your program's goals, activities, and results, noting any changes to your original plan/proposal. Include any relevant budget and/or financial information. Limit your response to no more than one page.

In preparation for the return of migrant and seasonal farm workers on the summer, training of Community Health Promoters (Promotoras) took place in spring and summer of 2010. The curriculum was planned and speakers lined up, including representatives from Albemarle County Extension, AIDS Services, Shelter for Help in Emergencies (SHE), Sexual Assault Resource Agency (SARA), Women's Initiative, UVA Endocrinology, Red Cross, a dentist and many more community professionals.

During the 8-week program (modified for the Nelson County CHP's) participants learned:

- how to take vital signs, when medical treatment is necessary and how to advise clients with abnormal results,
- the relationship between dental hygiene and nutritional status, good oral hygiene, an understanding of plaque, periodontal disease and decay, and local resources,
- the long term effects of sun damage on skin and eyes, to explain and identify skin problems ie. allergic reactions, general signs of bacterial infection and fungal infections of the skin and nails,
- the role nutrition plays in health, how to use the food pyramid, how to make healthy choices, prepare healthy foods, understand portion sizes and the benefits of eating whole, natural foods,
- the anatomy of the female body, how various birth control methods work and the benefits of well-woman-care, including gynecological exams,
- signs of reproductive health problems, the prevention of sexually transmitted diseases, the difference between HIV and AIDS, and community resources for testing and treating STDs,
- about pregnancy: preconception and prenatal care, changes in the body during pregnancy, pregnancy needs and clinic needs for prenatal care and resources for pregnant women,
- cultural influences, risks of injury and accidents, schedule of childhood immunizations, good exercise and nutrition patterns for children and community resources,
- about sexual assault, domestic abuse and date rape, the signs and symptoms of violence and abuse and community resources,
- substance abuse: how to identify signs of alcohol abuse, difference between empathy and enabling and resources for rehabilitation,
- about prostate, cervical, breast skin and colon cancer, early warning signs, importance of self exams and screenings and cancer resources.
- Participants completed the American Heart Association CPR "Heart Saver" course and were certified.

Participants graduated the course and expanded the work they were already doing in the community. We formalized the schedule for camp visits, ordered supplies. The first camp visits were in July and continue into November.

		2009: 12 # of CHPs trained in spring of 2010: 9
	Number of camp and worksite encounters increases.	# camp & work site encounters in FY 2005: 104 # camp & worksite encounters in 2006: 115 # camp & worksite encounters in 2007: 138 # camp & worksite encounters in 2008: 167 # camp & worksite encounters in 2009: 158
	Number of attendees at Community Day increases	2005: c. 150 2006: c. 200 2007: c. 225 (12.5% increase) 2008: c. 200 2009: c. 200

4. **Impact Report.** We are looking for issues and statistics specific to our local area: you are also welcome to include some general issues that set the framework for the local statistics. Under the Actual results heading, we are looking for impact, especially long-term results, not just numbers served. For the Financial Impact section, have each example highlight a different thing (in other words, don't just multiply the first answer three more times).

a. **Community Needs or Issues Your Program Addresses**—please include at least 3 local issues/statistics and cite your source

Census estimates (2008) show 2.9% of Nelson County's population (about 444 individuals) is "Hispanic or Latino". Each year the number of Spanish speaking patients at Blue Ridge Medical Center (BRMC) increases. Trend data for 2002 - 2007 show a 34.67% increase in the number of Latino patients. During the harvest season, the Latino population in Nelson typically doubles. At BRMC, 69% of Latino patients are uninsured. About 80% qualify for the sliding scale, indicating a decided income disparity when compared to other ethnic groups in the County. National statistics for Hispanics that are also true in Nelson County show that they are more likely to rely on community or public clinics for regular care, less likely to visit a doctor if uninsured, less likely to get routine screenings such as mammograms, be less satisfied with care primarily due to language barriers, and have less access to dental care than other local ethnicities. Many parents of children born here do not trust local agencies enough to enroll their children in FAMIS and FAMIS Plus.

b. **Your Program's Solutions that United Way Community Impact Funds Support**
United Way funds support the activities of the Latino Outreach Coordinator and the RHOP nurse practitioner as they train and work with CHPs (Lay Health Promoters); and connect Latinos in need with the services that will help them through transportation, interpretation, case management, coordination of services with other agencies, health care services, and events such as the Hispanic Community Day.

c. **Actual Results** – based on your stated outcomes; please use percentages and numbers served to help show outcomes

Though there was a significant drop in BRMC Latino encounters from 2006 to 2007, 2008 encounters showed an increase of 45% over 2007 and 21% over those of 2006. 2009 showed about the same number of encounters (1327). The steady higher number of encounters continues to be related to a steady number of Latinos coming to BRMC from other areas (Charlottesville, Madison Heights and Lynchburg). CHPs also impacted the number of visits by being able to recommend office visits where symptoms and problems would otherwise have been ignored. (2006 = 1062, 2007 = 729, 2008 = 1342, 2009= 1327)

25% less CHPs were trained during FY2010 (9) than FY2009 (12), but it was as many as were trained in 2009. More people in the community can be served when there are people trusted by the population who have the training and authority to make recommendations for care.

Though there was a slight decrease (5%) of encounters with Latinos in their homes (camps) and workplaces from 2009 (2009= 167, 2010= 158), these onsite visits help to minimize the barrier of transportation and the problem Latinos in camps experience of not being able to get time away from work to schedule doctor's appointments.

Financial Impact of Donations -- (i.e. \$3/week provides...; \$5/week provides...; \$10/week provides)

- i. **\$3/week (\$156/year)** pays for one lay health promoter to receive two three hour training sessions.
- ii. **\$5/week (\$260/year)** pays for 472 miles of transportation for Latino patients.
- iii. **\$10/week (\$520/year)** pays for interpretation at 43 medical visits.

FY10 United Way Year-End Report for the Wellness Passport

Program: Wellness Passport

Agency: Blue Ridge Medical Center

Date: 07/30/2010

1. For the current funding period, please highlight your program's goals, activities, and results, noting any changes to your original plan/proposal. Include any relevant budget and/or financial information. Limit your response to no more than one page.

Since December 2009, the Wellness Passport program has continued to be busy. Flyers promoting the Wellness Passport continue to be distributed and hung throughout the community. The new Wellness Passport Coordinator, Deborah Berry, did a fine job in helping increase the enrollment of the Wellness Passport Program. Many inquiries are being made and applications mailed due to the decline in local jobs and the increase in lay-offs. As of June 30, 2010, 281 individuals are enrolled in the Wellness Passport program.

Ms. Berry continues to go to workforce development sites in the area and has made presentations to residents who have recently lost their jobs, are doing part-time work where they were once employed full-time, and to workers who are taking temporary assignments while looking for full-time work with benefits. The Wellness Passport program was well-received and has been viewed as a lifesaver to many individuals who were formerly insured.

In addition, RHOP has made presentations to area nonprofit agencies and community groups to introduce/reintroduce the Wellness Passport. Many of the people served by these agencies are eligible for Wellness Passport benefits. The program has been presented to businesses that do not provide benefits to their employees. Brochures are distributed at many area businesses for employees and patrons to see and learn about the program.

We have "enhanced" the program to include "the Wellness Passport at Work," which is a way to "market" the program to business owners and managers to offer this program to qualified employees and family members.

Blue Ridge Medical Center continues to make space available in its lobby for the Wellness Passport coordinator to explain the program to patients of the center. These events have increased awareness of the program with patients and some of the center's insured patients have referred people they know who qualify for the Passport.

We have seen an increase in the number of enrollees who are scheduling their physical exams which are included as a benefit of enrollment. Our nurse practitioners are addressing more acute care issues during these exams much like other healthcare facilities where patients are requesting more time with providers to address multiple issues during a single visit.

The SF12 survey has been given to all enrollees, with 155 being returned. Results have been entered and data is being scored. We are now using a new online program ("qualitymetric"), and are finishing entering data in the new system now. This can be done in both English and Spanish.

2. Please share a success story from your program. We are especially interested in stories that show a long-term impact on a person or family, and stories that show collaborations or referrals with other community programs in meeting a client's multiple needs.

		(“qualitymetric”), and are finishing entering data in the new system now.
--	--	---

4. Impact Report. We are looking for issues and statistics specific to our local area: you are also welcome to include some general issues that set the framework for the local statistics. Under the Actual results heading, we are looking for impact, especially long-term results, not just numbers served. For the Financial Impact section, have each example highlight a different thing (in other words, don't just multiply the first answer three more times).

a. Community Needs or Issues Your Program Addresses—please include at least 3 local issues/statistics and cite your source

12.1% of Nelson County’s 15,127 residents live in households with incomes below the federal poverty level. Thirty-one percent of County residents are living at or below 200% of the federal poverty level and 31% of BRMC users reported incomes at or below 200% of poverty.

<i>Healthy Communities Indicator</i>	<i>Nelson</i>	<i>Planning District</i>	<i>Virginia</i>
Heart Disease Rate	245.0	175.8	186.7
Malignant Neoplasms	271.5	175.8	182.7
Chronic Lower Respiratory Disease Rate	59.6	42.1	38.3
Diabetes Disease Rate	26.5	19.2	21.6
Distance to nearest Emergency Dept.	22.1 miles		6.5 miles

As estimated 15% of the population does not have any form of health insurance. The number of uninsured patients increased from 32.9% in 2007 to 47.8% in 2008.

b. Your Program’s Solutions that United Way Community Impact Funds Support

The Wellness Passport is a health benefits program that, for \$25 per year, provides:

- 1) A comprehensive physical exam with a protocol of age and gender specific screenings and tests, health history, and health goal setting session.
- 2) Primary care with one of 3 family practices for \$20 per office visits (including lab/X-ray at BRMC).
- 3) Access to specialty care is case managed to find the most affordable solutions. Assistance is provided with sliding scale applications, and referrals are made to partnering providers who give deep discounts or pro-bono care.
- 4) Follow-up contacts to provide coaching on health goals and to help enrollees stay connected to health and human services as needed.

c. Actual Results – based on your stated outcomes; please use percentages and numbers served to help show outcomes

In 2010 Wellness Passport enrollment increased by 44% over 2009 and by 70% over 2008. Having a full-time coordinator meant we were able to market the program and have the staff to handle increases in paperwork and case management. An RHOP program manager on the premises meant a focused approach to all activities, including the Wellness Passport.

155 Wellness Passport participants received the SF12 survey. We are now using a new online program (“qualitymetric”), and are finishing entering data in the new system now. Data should be available by end of August.

Financial Impact of Donations -- (i.e. \$3/week provides...; \$5/week provides...; \$10/week provides)

- i. **\$10 per week** provides two screening clinics at the local Food Bank

- ii. **\$5 per week** provides 2 Wellness Passport exams.
- iii. **\$3 per week** provides 3 group education sessions for Wellness Passport enrollees with Diabetes.