

# FY11 United Way Mid-Year Report for the Wellness Passport

**Program: Wellness Passport**

**Agency: Blue Ridge Medical Center**

**Date: 02/04/2011**

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 June, the Wellness Passport program has continued to be busy. Flyers promoting the Wellness Passport were 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. Calendar year 2010 (December 31) ended with 300 individuals enrolled in the Wellness Passport program. This is 90 more than the end of the year 2009.

Ms. Berry has expanded the marketing of the Wellness Passport to include the "Wellness Passport at Work," which enables employers who cannot offer benefits to their employees to enroll their employees into the Wellness Passport Program. We have had several small companies responding to this new approach, and have enrolled their employees into the program. 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 to departments of social services to introduce/reintroduce the Wellness Passport. Many of the people served by these agencies are eligible for Wellness Passport benefits. Brochures are distributed at many area businesses for employees and patrons to see and learn about the program.

Blue Ridge Medical Center has made 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. Ms. Berry has improved the referring processes so that BRMC and RHOP work even better together to make sure that qualified people are learning about and having access to this program.

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 185 (plus more responding twice or more) being returned. Results have been entered and data is being scored.

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.

A couple who has had difficulty attaining employment that offers insurance and pays enough to live above poverty level stated that RHOP's Wellness Passport Program was a godsend to them. The husband, who suffers from high blood pressure and diabetes, is able to receive an annual physical and health coaching that he would otherwise not be able to have. He stated that



**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

15% of Nelson County's 15,487 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 calendar 2010 Wellness Passport enrollment increased by almost 50% over 2009. Having a full-time coordinator who excels at promoting the program, and not just enrollment, meant we were able to reach more people and enroll more people. An RHOP program manager on the premises meant a focused approach to all activities, including the Wellness Passport.

185 Wellness Passport participants received the SF12 survey

**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.

## FY11 United Way Latino Outreach Mid-Year Report

**Program: Latino Outreach**

**Agency: Blue Ridge Medical Center**

**Date: 02/01/2011**

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.

During July through September, the Community Health Promoters (CHPs) and RHOP staff made 14 (total, not each) visits to 5 of the Nelson County migrant camps. Over 109 people received screenings for blood pressure and blood sugar. During the initial visits, CHPs helped determine who needed to be medically seen by the RHOP nurse practitioner. They then worked in conjunction with the Latino Outreach Coordinator, RHOP staff, and the nurse practitioner to make follow up visits to the camps. Many of the workers are unwilling or unable to take time off from work to go to the doctor, and those who are willing often are unable to find transportation. During the follow up visits, the CHPs also performed further screenings and assisted in interpretation for the nurse practitioner. As a result the nurse practitioner was able to see 26 individuals with various medical issues. Those individuals were then followed up with the appropriate case management by the Latino Outreach Coordinator.

Blue Ridge Medical Center served 668 Latino patients in 2010. Of those, approximately 85% need some case management and/or interpretation services. All of the case management and the majority of the interpretation services are provided by the RHOP Latino Outreach Coordinator. Some examples of case management are arranging referral appointments with specialty practices, assistance with health and human service paperwork and reporting lab results to patients in Spanish. Interpretation begins at check-in and continues through the entire office visit, including translating prescription instructions to Spanish. The services provided by the Latino Outreach Coordinator positively impact the quality of care of Latino patients in Nelson County.

Hispanic Community Day was held on September 19, 2010. Multiple vendors were present including:

Nelson County Health Department, UVA Cancer Center, UVA Diabetes Education and Management program, Shelter for Help in Emergency, VA Employment Commission, MACAA, Nelson Volunteer Coalition, and the Piedmont Baptist Association. The CHP's and the RHOP staff were also present and were performing screenings for blood sugar, blood pressure, vision, hearing, and cholesterol. The Piedmont Baptist association provided a linen closet for the participants as well as lunch. Games and activities for children took place throughout the event. Approximately 200 people attended the Hispanic Community Day. We changed the venue "at the last minute" from Tye River Elementary School to Rose Union Baptist Church, due to emergency construction issues at the school. The overall consensus was that the Church venue was preferable.

Currently, RHOP staff is enrolling CHPs for the upcoming spring training. We are also having more providers (MDs and NPs) actually physically teach the classes. We believe that this will improve the relationships between the CHP's and the providers, ultimately enhancing the services the Latino community receives. Training will take place in Nelson County this coming spring over a 3 month period. It will also be offered to interested Latino or Spanish speaking individuals in the surrounding counties who wish to volunteer within their communities. RHOP hopes to recruit and train up to new CHPs through an expanded program. A formal graduation ceremony will follow at the end of the program.



		present this form in our next report.
LHPs become established leaders in their community, serving as a bridge between Latino residents and health and human resources. New residents turn to LHPs for assistance.	Increase the number of contacts per LHP over FY08	# of Lay Health Promoters in FY05: 4 # of LHPs in FY06: 8 (100% increase) # of LHPs identified for training in 2007: 5 # of CHPs trained in spring of 2008: 9 # of CHPs trained in spring of 2009: 12 # of CHPs trained in spring of 2010: 20
	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: 83 # camp & worksite encounters in 2009: 109 # camp & worksite encounters in 2010: 109
	Number of attendees at Community Day increases	2005: c. 150 2006: c. 200 2007: c. 225 2008: c. 200 2009: c. 200 2010: 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 (2009) show 3.1% of Nelson County's population (about 480 individuals) is "Hispanic or Latino". Each year the number of Spanish speaking patients at Blue Ridge Medical Center (BRMC) increases. Trend data for 2008 - 2010 show a 43% increase in the number of Latino patients with 668 having been served at Blue Ridge Medical Center in calendar year 2010. 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.

Goals of the Rural Health Outreach Program for its Latino Outreach Program are as follows: a. Community Health Promoters (CHPs) will become established leaders in their community, serving as a bridge between Latino residents and health and human resources as shown by increasing numbers of encounters by CHPs. b. Latino clients and patients will demonstrate consistent and appropriate use of preventive and primary care resources as shown by increasing numbers of Latino patients served by BRMC. c. Latino clients and patients will engage in fewer risky behaviors and have healthier lifestyles documented in the results of self-report surveys administered to patients.

**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

The number of participants attending the Hispanic Community Day in 2010 was about the same as in 2009 (approx. 200). While we expected an increase in attendance at the event, a “last minute” change in venue caused problems promoting the program as far as time and location is concerned. The Tye River Elementary School, the original site for the event, had an emergency construction issue (regarding the roof) that precluded us from using the facility. Unfortunately this was not conveyed to us until just over a week before the event. We had to work diligently to secure another location that was adequate for the event, as well as “get the word” out. With that said, we had an excellent event, exceeding our expectations. We were able to conduct ore screenings and do more education regarding children’s health than in previous years. Although the venue was an “alternate” site, the overwhelming consensus is that we use that same venue (Rose Union Baptist Church) again in 2011 which has been arranged already). We expect increase attendance in 2011.

We can confidently say that 100% of the Latinos served by the Latino Outreach Program have a more positive experience as a result of the program than if they had no contact at all.

**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 561 miles of transportation for Latino patients.
- iii. **\$10/week (\$520/year)** pays for interpretation at 43 medical visits.