



Leading In Challenging Times...

Creating the Future We Want

and Our Communities and Patients Need



Community Health Center, Inc.



**Community
Health Center, Inc.**

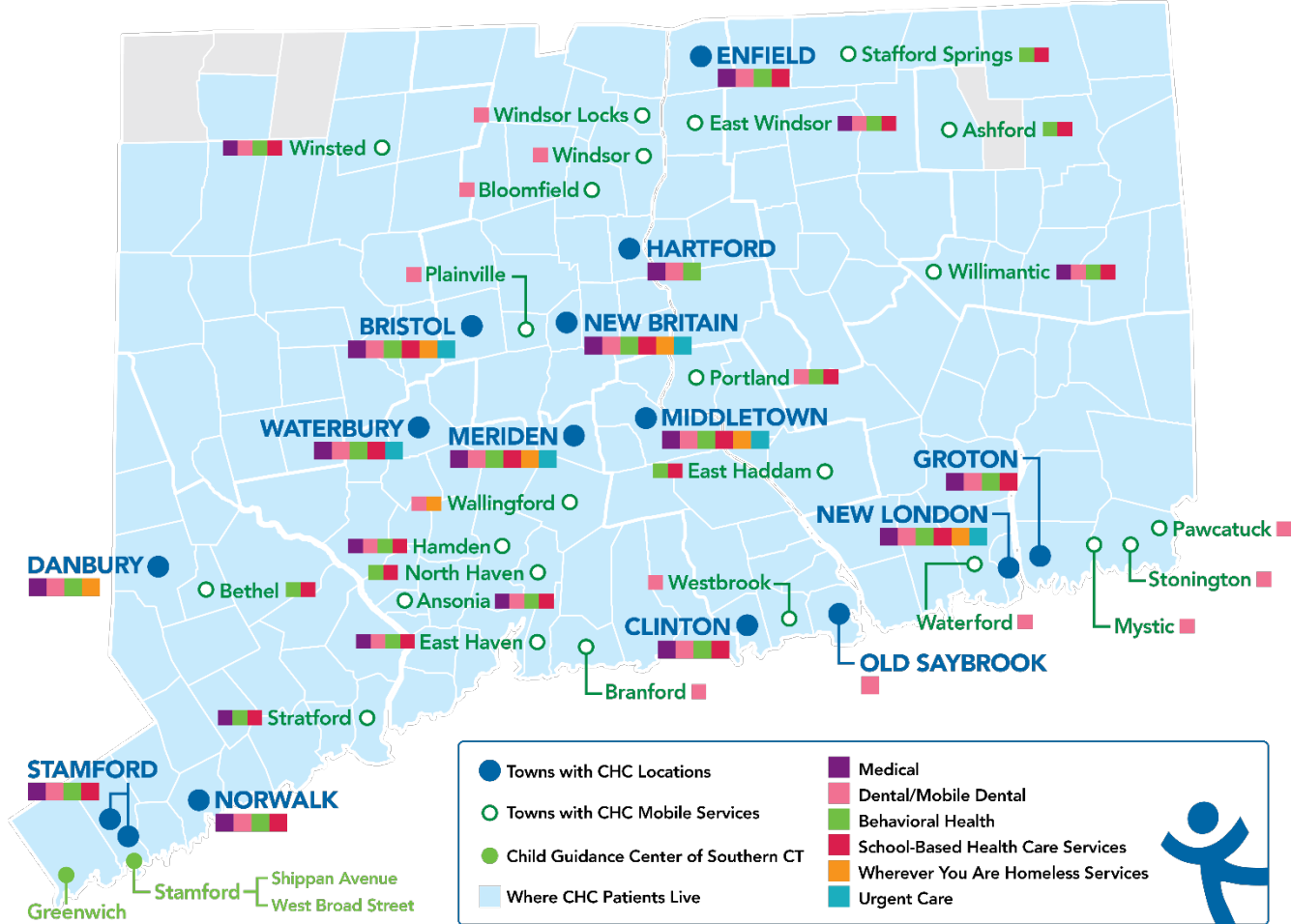
**“WHERE HEALTH
CARE IS A RIGHT,
NOT A PRIVILEGE,
SINCE 1972”**



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Community Health Center, Inc.

Locations and Service Sites in Connecticut



Community
Health Center, Inc.

THREE FOUNDATIONAL PILLARS

1 Clinical Excellence	2 Research and Development	3 Training the Next Generation
-----------------------------	-------------------------------------	---

CHCI Profile:

- Founded: **May 1, 1972**
- Annual budget: **\$180m**
- Staff: **1,200**
- Active Patients: **150,000**
- SBHCs across CT: **147**
- Students/year: **17,000**

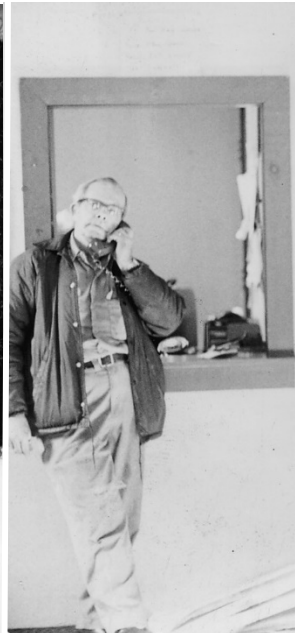
Year	2019	2020	2021
Patients (CY)	101,121	99,381	99,598

Community Health Center, Inc.

A LONG HISTORY OF HELPING CONNECTICUT'S UNDERSERVED



Community
Health Center, Inc.

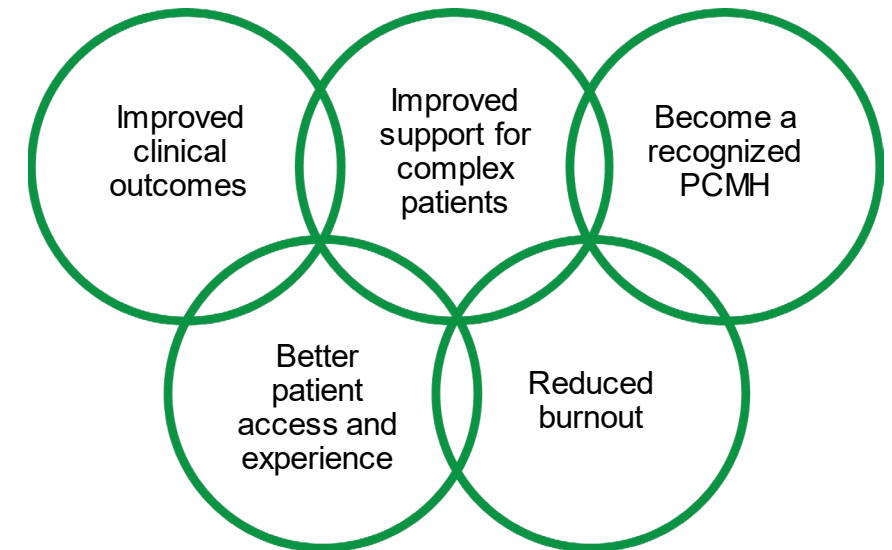


TEAM-BASED CARE

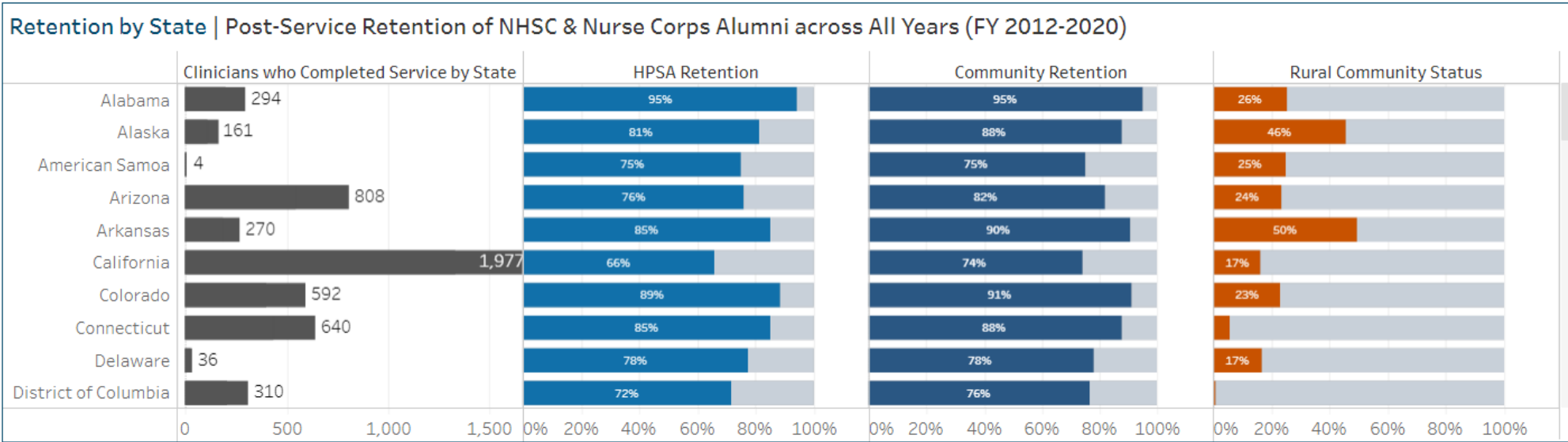
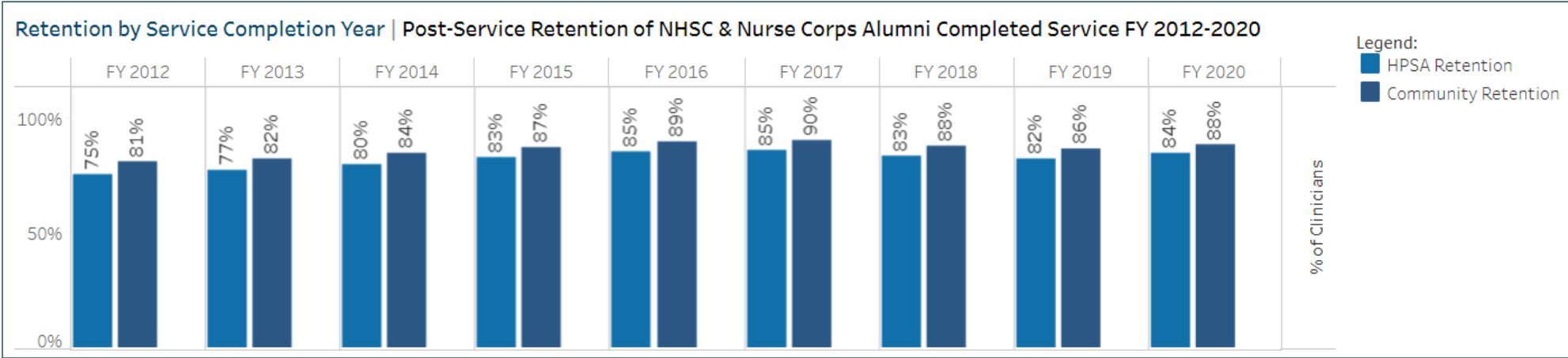
“Every Patient Has a TEAM”



Community
Health Center, Inc.



NHSC and Nurse Corps Works!



Data Last Refreshed 10/1/2021

The HRSA Bureau of Health Workforce (BHW) has gathered data on the current work location of recipients of its programs, including National Health Service Corps (NHSC) and Nurse Corps (NC) alumni who completed service from FY 2012 to FY 2020. Program participant data was used from BMISS, and was matched with current work location data using NPI for these providers and Health Professional Shortage Area (HPSA) data in the Shortage Designation Management System (SDMS).

***Definitions:**

1. HPSA Retention: Percentage of program alumni who currently work in a Health Professional Shortage Area (HPSA).
2. Community Retention: Percentage of program alumni who currently work in a HPSA or within the same community where they completed service. Same Community is defined as the same site or same census tract.
3. Rural Community Status: Percentage of program alumni who currently work in a rural community.

**** The number of clinicians tracked for each metric is a subset of the total number of clinicians who completed service within a given time frame, as indicated by the service completion fiscal year. For example, the 1-Year Retention metric only includes the subset of clinicians who completed service in FY 2020, while the 2-Year Retention metric only includes the subset of clinicians who completed service in FY 2019. The metrics for Retention Across All Years, Community Retention, and Rural Community Status all include the full dataset of all clinicians.**

Integration



Integration at level of staff, data, facility/technology and leadership = integrated care for patients



MEETING PATIENTS WHERE THEY ARE SBHCenters

Caring for over 17,000 students annually in schools throughout Connecticut, offering Behavioral Health at 116 out of 176 SBHCs

- Keeping students in the classroom
- Eliminating barriers to care
- Providing Behavioral Health & Medical services at the moment of need
- Preventive dentistry

SBHC strives to increase the capacity of the school and community to promote the physical, behavioral and oral health of all students in the school. These services are especially critical during the pandemic.



Community
Health Center, Inc.





The Center for Key Populations is the first center of its kind focusing on key groups experiencing health disparities secondary to stigma and discrimination and belonging to communities suffering many barriers to health care.

The Center brings together health care, training, research, and advocacy for people living with HIV, people who use drugs, the LGBTQ+ community, the homeless and those experiencing housing instability, the recently incarcerated, and sex workers.



HIV Primary Care and Testing

Hepatitis C Screening and Treatment

Medication Assisted Treatment for Substance Use Disorders

Health Care for the Homeless

LGBTQ-focused Health Care

Community Drop-In Center

HIVPrEP (Pre-Exposure Prophylaxis) and PEP (Post-Exposure Prophylaxis)

Sexually Transmitted Infections



SHELTER & ADVOCACY



For over 40 years, New Horizons Domestic Violence Services have provided steadfast shelter and support to victim survivors of intimate partner violence in Middlesex County.

www.newhorizonsdv.com



Services offered:

- 24 hour emergency hotline
- Crisis intervention/safety planning
- Advocacy to help with the police, hospitals, courts, DCF, welfare, and outside services and agencies
- Peer counseling
- Support groups for victims who are or who have been in an abusive relationship
- Children's programs including counseling, advocacy and play groups
- Confidential temporary emergency shelter for victims
- Emergency food and clothing

Weitzman: Research Areas of Focus



Patient-centered
care and
experience

Health equity
including
social determinants
of health

Quality
improvement/
population health

Workforce
training

Key populations

Telehealth

Chronic pain
management
and opioids

<https://www.weitzmaninstitute.org/publications>

<https://www.weitzmaninstitute.org/presentations>

RESEARCH AREAS OF FOCUS

Patient-centered
care and
experience

Health equity,
including social
determinants of
health

Quality
improvement/
population health

Workforce training

Key populations

Telehealth

Chronic pain
management and
opioids



Community
Health Center, Inc.

<https://www.weitzmaninstitute.org/publications>

<https://www.weitzmaninstitute.org/presentations>

TRAINING PROVIDERS TO A NEW MODEL OF CARE



Case-based distance learning with teams of clinical experts focused on a range of high complexity clinical areas including: **chronic pain, HIV, Hepatitis C, pediatric behavioral health, nursing home — long term care facilities, opioid addiction treatment, and recently added COVID-19.**



TRAINING THE NEXT GENERATION

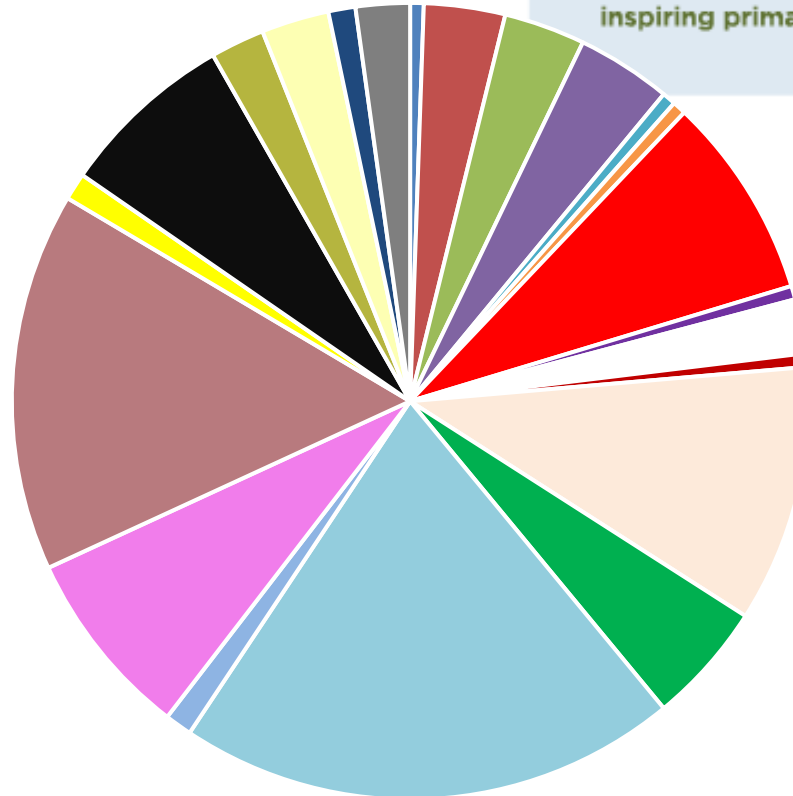


- Family Nurse Practitioner Residency Training Program (Est. 2007)
- Postdoctoral Clinical Psychology Residency Training Program (Est. 2011)
- Psychiatric Mental Health Nurse Practitioner Residency Training Program (Est. 2015)
- Weitzman Institute Administrative Leadership Fellowship (Est. 2017)
- Dedicated Education Units for BSN students (Est. 2015)
- Center for Key Populations Fellowship (Est. 2017)
- National Institute for Medical Assistance Advancement (Est. 2016)

➤ **CHC is a major center of education and training for the next generation of health care workforce**

Fall 2022 Overview: Total Students & Residents

Discipline	Students
MS Mental Health Counseling	1
PsyD	6
PMHNP Student	6
MSW Student	7
Art Therapy & Counseling	1
Psychiatry Fellow	1
BSN Student (Nursing)	15
Medical Assistant Student	1
NIMAA	4
Dental Assistant Student	1
Dental Hygiene Student	19
MD Student	9
NP Student	37
Chiropractic Student	2
Non-clinical Student	14
Medical Resident	28
Dental Resident	2
NP Resident	13
PMHNP Resident	4
Post Doctoral Resident	5
CKP Fellow	2
BH Doctoral Interns	4
TOTAL:	182



Fall 2022
Overview

Qualtrics
Results

Affiliation
Agreement
Updates

IT Changes:
BH

Flu Tracking:
2022

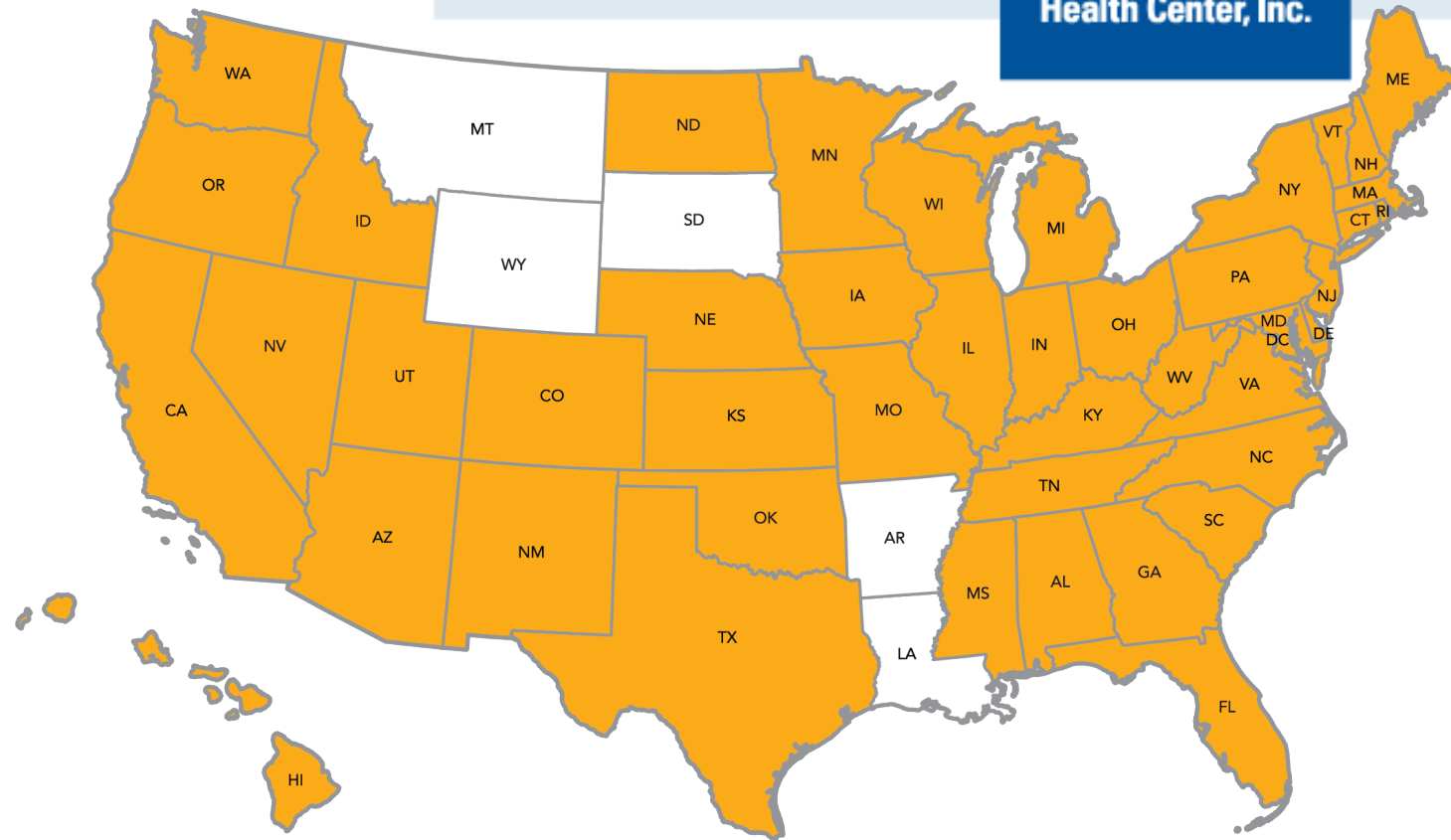
Questions &
Looking Ahead

Trends in Postgraduate NP and NP/PA Training Programs

- Expansion from family NPs to adult, gerontology, and pediatric NPs
- Growth in psychiatric/mental health programs within primary care settings
- Growth in joint NP/PA Postgraduate Residency Programs
- Development of formal academic partnerships
- Accreditation solidly established
- New emphasis on training for telehealth/virtual care
- 253 programs nationally



Community
Health Center, Inc.



ON MARCH 7, 2020, THE PANDEMIC STRUCK AND CHC RESPONDED

OUR COMMITMENT:

- **To Patients:** Maintain access, services, and quality through innovation and dedication
- **To Staff:** No lay-offs, no furloughs, and no salary reductions
- **To Both Staff & Patients:** Protect their health and safety through appropriate use of PPE, physical plant compliance with CDC guidance on infection control and prevention of transmission of COVID, easy access to tests and ultimately to vaccines and strict compliance with continually evolving guidance.
- **To the People of Connecticut:** Stand up to protect you with testing and then vaccines
- **To Vulnerable Populations:** Ensure equal or greater access to testing and vaccines through community events
- **To the Country:** Apply our expertise in continuous process improvement to consistently increase our knowledge and expertise, develop best practices, and disseminate that knowledge to health care providers and facilities across the country through the Weitzman Institute Project ECHO, NTTAP, and Path Forward webinars and trainings



Sun COVID-19
Mon TESTING
Tue LOCATIONS
Wed NOW OPEN
Thu 7 DAYS
Fri A WEEK!
Sat 8:30AM-4PM



OUR RESPONSE...



Appointments are available. Register today for your COVID-19 vaccine!



COVID-19
Coronavirus Vaccine

Community Health Center, Inc.



Now Offering Provider Visits By Telephone!
 Stay safe and meet with your provider from home.
Schedule Your Appointment Today! Call: 860.347.6971



Community Health Center, Inc.



Behavioral Health and COVID-19: A Community Conversation

April 16 | 7-8 PM

Join us for a conversation about how to stay mentally strong during the pandemic. Community Health Center's behavioral health leaders Dr. Kearney and Dr. Armah will take your questions during the session.



Tichenna Armah, M.D.
Medical Director of Behavioral Health



R. Timothy Kearney, Ph.D.
Chief Behavioral Health Officer

Community Health Center, Inc.

STAYING CONNECTED TO THE COMMUNITY WE SERVE

CHC is more than just a health center. After 50 years, we have become a staple in Connecticut communities and continue to participate in various events with partner organizations throughout the state.



Walk to End the Silence



CHC Employee Appreciation Day



Veterans Day Memorial Flag Placement



Middlesex Chamber Halloween Drive Through



Diaper Bank Opening



National Health Center Week Tables at YMCA



Third Annual Middle Passage and Port Maker Ceremony/Amistad Day

Leading in Challenging Times

What were the opportunities?

They were varied, and seized to different extents :

Telehealth—synchronous, asynchronous, video, telephonic, individual and group

Increased teamwork and integration

Renewed focus on **reducing health disparities** and **building health equity**

Deepened awareness of the **risks of burnout** and the need to **promote resiliency** among everyone in our practices

Appreciation for staff, colleagues, employees—whatever you call it—the people who make it possible for us to do the work we do

Increased recognition by policy makers and payors of the **central role of primary care** in today's healthcare system and the urgent need for changes to some long-standing rules and restrictions



JUSTICE EQUITY DIVERSITY & INCLUSION (JEDI)



Community Health Center, Inc. is committed to advancing its values of justice, equity, diversity and inclusion (JEDI) across the organization. We acknowledge, embrace and value the diversity

and individual uniqueness of our patients, students, employees and external partners. CHC strives to foster a culture of equity and inclusion in broad and specific terms.



Resources:

- JEDI Council
- Bias Incident Response Team (BIRT)
- Employee Resource Groups
- Online Resources

Leading in Challenging Times



Much was asked and we responded.

What will be asked of us going forward-- for decades to come?

What is the future we want- and the public and our communities need?

Three focus areas:

- **First focus area: About us**- primary care and our focus on the underserved as a critical element throughout health care in this country
- **Second focus area: About our practices and organizations**—making them stronger, more resilient, more effective, more able to respond to community and public health needs
- **Third focus area: About our country, communities, populations of focus, and our patients**—going upstream to address social determinants of health

Quick COVID-19 Primary Care Survey

Series 35 fielded February 25-March 1, 2022



More than half of surveyed clinicians say primary care is crumbling. They paint both a stark and an inspiring picture of primary care as the second year of the COVID-19 pandemic comes to a close. Over 40% of respondents report they are mentally and financially fragile, a level that has persisted over the past 24 months. Fewer than a quarter of practices report they are fully staffed. One third of clinicians report currently denied and/or seriously overdue payments from insurers and health plans – this on top of previously reported and unaddressed financial losses. And while fee-for-service is dominant within most payment models for primary care, only 21% of clinicians find this form of payment sufficient. Simultaneous with these obstacles, clinicians also report increased volunteerism, new services to lessen burden on the health system, and expanded levels of practice-provided assistance to address patients’ social vulnerabilities.

The strain on primary care practices is constant, additive, and threatens sustainability of the platform

- 52% have changed staffing ratios with fewer staff per clinician, and only 22% report they are fully staffed
 - 44% have open clinician positions they cannot fill; 68% have open staff positions they cannot fill
- 59% say patient visits take longer as health has worsened due to delays in access to care
- 40% are getting more new patients because of practice closures – patient needs are overwhelming
- 62% have personal knowledge of clinicians who have retired early or quit during the pandemic
- 29% have personal knowledge of practices that have closed
- 25% expect to leave primary care within the next 3 years

Quick COVID-19 Primary Care Survey

Series 35 fielded February 25 - March 1, 2022



Video- and phone-based care provide much needed capacity to expand access, but challenges remain

- 19% have expanded use of telehealth to maintain access in the face of limited staffing
- 49% are motivated to use telehealth because patients really like it
- 24% rely on telehealth (either phone or video) for at least a third of all patient visits
- 52% note computer literacy is an obstacle for 1 in 5 patients; 30% broadband is an issue for 1 in 5 patients
- 28% must limit use of telehealth due to insufficiency of payment

Despite loss of staff, workforce, and revenue, primary care continues to prioritize patient needs above all else

- 69% monitored COVID-19 positive patients at home to prevent use of hospital or specialty care
- 47% added or extended services not usually provided to mediate issues of access to care
- 72% became more involved in mental health support
- 45% volunteered at mass vaccination sites or became public speakers regarding the pandemic
- 33% increased support for patients with food or housing insecurities
- 26% increased offers of assistance for those in financial trouble

About the Survey: Fielded by the Green Center, in partnership with the Primary Care Collaborative, this is the only ongoing survey of primary care since the pandemic onset. It has been fielded 35 times, resulting in over 35,000 surveys across the US and territories. Results have been reported by the New York Times, Washington Post, CNN, and MSNBC. Series 35 reports data from 847 respondents from 49 states and Washington DC: 63% family med, 18% pediatrics, 11% internal med, 3% geriatrics, 5% other. 73% MD, 6% DO, 11% NP, 4% PA, 5% other. Settings: 28% CHCs or similar. 19% rural, 17% residencies, 27% had 1-3 clinicians, 42% had 10+ clinicians. 28% self-owned, 42% system owned, 6% government, and 4% membership based.

Leading in Challenging Times

Second: Our Practices

Creating environments and practices where everyone thrives.



- **Improve and strengthen care** and the setting in which it is delivered
- **Team-based care** that integrates primary care, behavioral health and substance use treatment, and social support services appropriate to the patient population
- **Harness the power of telehealth**, both synchronous and asynchronous, to care for our patients directly and indirectly
- **Provide value-rich care**, and contract for value-based payments and incentives for that care
- **Drive improvement** at the practice/organizational level with meaningful quality/performance improvement and expert level support from coaches, data analytics, and institutional support
- Acknowledge, celebrate, and respect **diversity and inclusion** in all regards
- Create opportunities for **research, innovation, leadership and career development**
- Make sure that everyone on our staffs is **seen and heard and included**

CDC Adolescent Behavior Experiences Survey (ABES) findings

Adolescents Are Experiencing a Mental Health Crisis

- More than 1 in 3 high school students experienced poor mental health during the pandemic and nearly half of students felt persistently sad or hopeless.
- Female students and those who identify as lesbian, gay, bisexual, other or questioning (LGBQ) are experiencing disproportionate levels of poor mental health and suicide-related behaviors.



Racism Is a Public Health Problem

- More than one third of all U.S. high school students felt they had been treated badly or unfairly at school because of their race or ethnicity.
- Asian, Black, and Multiracial students reported the highest levels of experiencing racism.
- Students who reported racism were also more likely to experience poor mental health.

High and Rising Mortality Rates Among Working-Age Adults



National Academies of Sciences Engineering and Medicine Committee on
Rising Midlife Mortality Rates and Socioeconomic Disparities

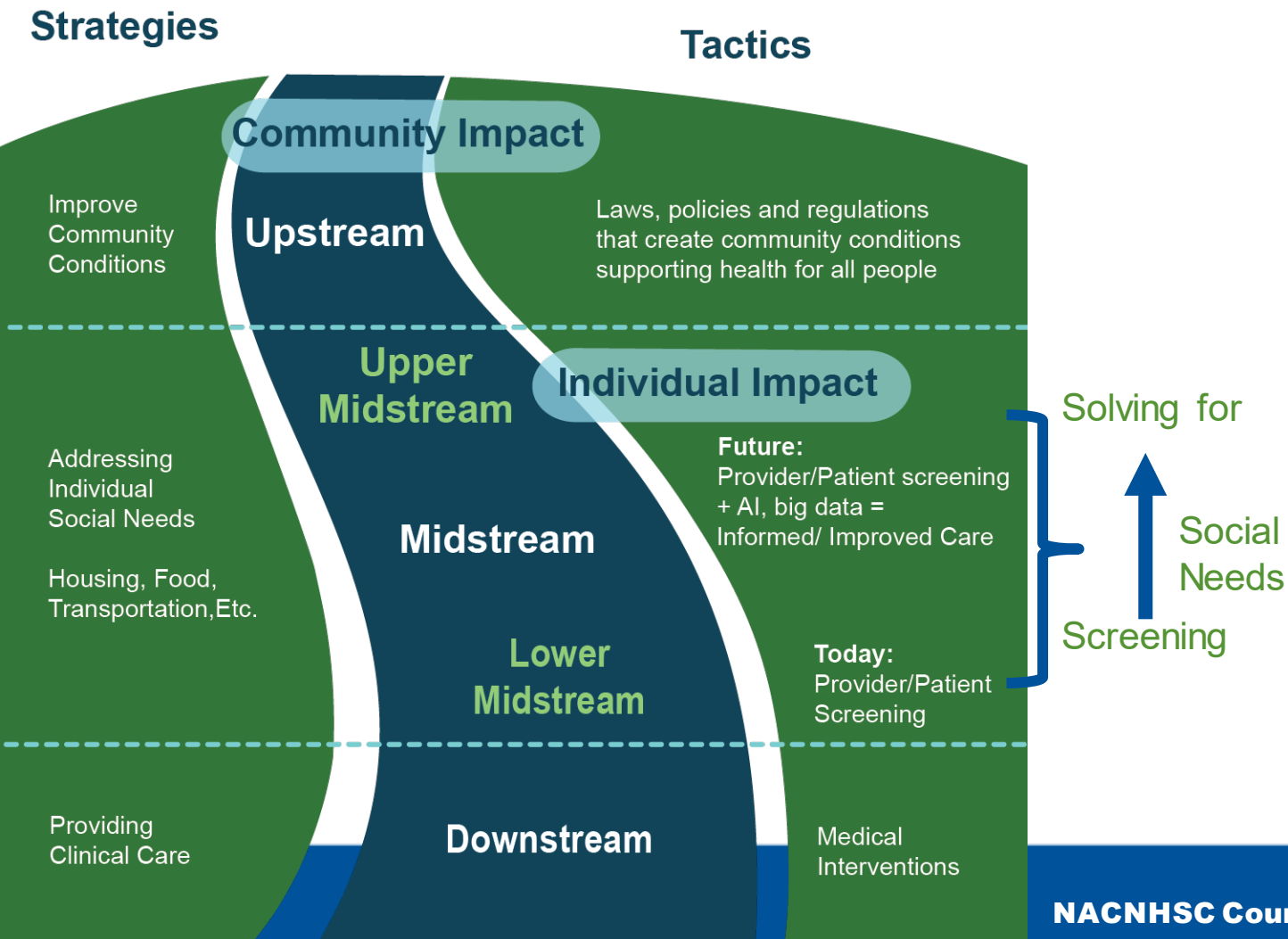
Trends in all-cause mortality:

- Blacks and American Indians have consistently experienced much higher mortality
- Disparities in SES have widened substantially among working age whites
- There is a stable but persistent gap in mortality among black adults that favors those with higher SES

Main drivers of the rise in working age mortality:

Drug poisonings and
alcohol induced causes
Suicide
Cardiometabolic diseases

Lower Midstream to Upper Midstream



Community
Health Center, Inc.

Social determinants are rooted in a community's underlying social and economic conditions – issues such as racism, income inequality, environment etc. Not all social determinants lead to social risks for an individual.



Social risks are the specific adverse social conditions that result from social determinants – issues such as food insecurity, isolation and housing instability. Not all social risk factors lead to “social needs.”



Social needs are adverse conditions and concrete needs that result from social risks.

National Support for Primary Care



National Academy Of Science, Engineering and Medicine Consensus Study Report

Implementing High Quality Primary Care: Rebuilding the Foundation of Primary Care 2021.

What is high quality primary care?

The provision of whole-person, integrated, accessible and equitable health care by interprofessional teams who are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities.*

****This definition describes what high quality primary care should be, not what most people in the U.S. experience today.***

- Pay for primary care teams to care for people, not doctors to deliver services
- Ensure that high quality primary care is available to every individual and family in every community
- Train primary care teams where people live and work
- Design information technology that services the patient, family and interprofessional care team
- Ensure that high quality primary care is implemented in the U.S.

HPT in Community Health Centers



Community
Health Center, Inc.

Line	Measures	Number of Health Centers	% of Total
1.	Does your health center provide health professional education/training that is a hands-on, practical, or clinical experience?		
	a. Yes	1,129	82.23%
	b. No	244	17.77%
1a.	If yes, which category best describes your health center's role in the health professional education/training process?		
	a. Sponsor [*]	216	19.13%
	b. Training site partner [*]	950	84.15%
	c. Other	129	11.43%
Line	Measures	Number of Health Center Staff	% of Total
3.	Provide the number of health center personnel serving as preceptors at your health center	15,372	
4.	Provide the number of health center personnel (nonpreceptors) supporting ongoing health center training programs	11,071	

PEACE & HEALTH

“More than a history of healthcare innovation, this book celebrates the passion that drives change in the world.”

IAN ROBERTS, MD
Professor of Epidemiology, London School of Hygiene & Tropical Medicine

How a group of small-town activists and college students set out to change healthcare

CHARLES BARBER

**Weitzman Institute**
inspiring primary care innovation



Community Health Center, Inc.

“For those committed to community engagement, Peace & Health provides a deep wellspring of hope.”

CHYRELL BELLAMY, PHD
Director, Yale Program for Recovery and Community Health

“In this affecting and expertly crafted book, Charles Barber tells the story of how a few inspired, resourceful, militantly decent people created from scratch an enduring institution that makes a lot of people’s lives better. A much-needed reminder of what we’re capable of at our best.”

CARLO ROTELLA, PHD
Professor of English, Boston College, and author of *The World Is Always Coming to an End: Pulling Together and Apart in a Chicago Neighborhood*

“This is a must read for anyone looking for a reminder that every voice matters and what you do can help. This engaging human story will lift your spirit and remind you that miracles are real.”

Lisa Weinert
Founder of Narrative Healing

“An antidote to modern cynicism. Charles Barber brilliantly tells the astonishing story of how an idea — healthcare as a right for all — can become a reality in one community. If you think it can’t be done, read this book!”

DANIELLE OFRI, MD
Author of *When We Do Harm: A Doctor Confronts Medical Error*

CONTACT



Margaret Flinter

APRN, PhD, FAAN, FAANP, c-FNP

Senior Vice President/Clinical Director, Community Health Center, Inc.

Senior Faculty, Weitzman Institute

Phone: 860.985.5253

Email: margaret@chc1.com

www.chc1.com