

Centennial Area Health Education Center (CAHEC)

REPORT

January 1, 2021 thru August 31, 2021

Prepared By: CAHEC Staff



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MISSION

The mission of Centennial AHEC is to address workforce shortages and health disparities in the CAHEC region, through education and collaboration.

VISION

Centennial AHEC has developed five specific themes and outcomes to guide us in our path to achieving our mission. The overarching themes:

- 1. Operate in a fiscally responsible and stable manner
- 2. Continuously improve the performance and capabilities of CAHEC
- 3. Promote cooperation and coordination among all AHEC Centers
- 4. Provide appropriate housing to health profession students
- 5. Coordinate with other health educators and agencies to serve the public

BOARD OF DIRECTORS

CAHEC is served by a volunteer board comprised of leaders in the healthcare industry and education. Several of our members serve in faculty positions throughout our region. Others are businesspeople and leaders in the region.

Bruce Cooper		
MD, MSPH		
President,		
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Board of Directors

Susan Meyer
MHA, BSPA, BSRT-R
Secretary,
Board of Directors

Board of Directors Ended Term 4/2021

Michele Siem BSN, MS, RN Member, Board of Directors Ended Term 4/2021 Don Enninga
BS, EMT-1
Vice President,
Board of Directors

Mark Johnson BS, EMT-P Vice President, Board of Directors

Brenda Tousely DPN, CNS, ACCNS-AG, AGCNS-BC, CCRN, CLNC, RN Member, Board of Directors Lola Fehr MS, RN, EMT-P Treasurer, Board of Directors

Shauna Richardson Member, Board of Directors





STAFF



Melissa Jensen
Executive Director
Leadership Administration
Planning Board Development
Community Networking
Interim ED 2/2021 – 6/2021
Appointed ED 5/2021

Shannon Borders
Regional Health Connector
Narcan Coordinator



Erika Greenberg, MSN, RN
Regional Health Connector
Health Educator
Professional Education
Community Education



Samantha Vernon, BA, MPH-C
Administrative Staff
CARES Act Coordinator
HOPE Camp Coordinator



Sheryl Trent
Nurse Educator Conference Event Planner



Monica Daniels-Mika, BA, MRCP, MS Executive Director Stepped Down 2/2021



Marc Ringel, MD Medical Advisor



Kim Fairley, BS Regional Health Connector Stepped Down 2/2021





DEMOGRAPHICS

Counties Served and Geography

Centennial Area Health Center covers an eleven-county area located in the northeastern portion of the state. The counties of Larimer, Lincoln, Logan, Kit Carson, Morgan, Phillips, Elbert, Sedgwick, Yuma, Washington, and Weld fall within the boundaries of the center. In total, Centennial Area Health Center covers a 24,191.08 km² area, approximately 23% of Colorado. The most populated county is Larimer with a population of 350,518 while the least populated is Sedgwick with a population of 2,303 residents.











	Kit Carson	Elbert	Larimer	Lincoln	Logan	Morgan	Phillips	Sedgwick	Washington	Weld	Yuma
Population #	7097	26,726	356,899	5701	22,409	29,068	4265	2248	4908	324,492	10,019
Economy (Median Household	\$49,349	\$99,199	\$71,881	\$47,258	\$53,318	\$53,682	\$51,155	\$43,150	\$50,094	\$74,150	\$52,022
Income)											
Poverty %	13.2%	5.7%	10.3%	17%	12.9%	11.9%	10.4%	14.6%	11.8%	8.4%	12.8%
Age Distribution <5 y/o <18 y/o	6.1% 25.2%	4.4% 21.2%	4.9% 19.4%	5.6% 20.4%	5.1% 17.9%	7.4% 25.9%	6% 24.2%	4.4% 19.6%	5.7% 22.4%	7.1% 25.9%	7.5% 27.4%
>65 y/o	19.5%	17.2%	16.2%	17.6%	18.1%	15.6%	23.3%	27.1%	21.4%	12.4%	18.7%
Gender Female %	50%	49.4%	50.2%	41.6%	42.8%	49%	51%	50.3%	47.9%	49.4%	49.9%
Racial/Ethnic Makeup White Alone %	95%	94.3%	92.6%	90.1%	91.1%	91.1%	96.1%	93.6%	95.7%	92.4%	96.5%
Black/African American % American Indian/Alaska	0.9% 1.3%	1.4% 0.8%	1.2% 1.1%	5.5% 1.4%	4.5% 1.8%	4.2% 1.9%	1.1% 1.2%	0.9% 1.2%	1.2% 0.6%	1.6% 1.7%	0.6% 1%
Native % Hispanic/Latino %	19.2%	7.6%	11.9%	14.8%	17.2%	36.5%	20%	16.3%	10.9%	30%	25.1%
Veterans #	486	2399	20,741	378	1828	1269	357	185	353	16,070	525
Enrolled in Medicaid %	28.2%	11.11%	17.16%	24.49%	22.11%	28.12%	23.40%	32.96%	24.37%	20.10%	25.97%
Land Area in Square Miles	2160.82	1850.85	2596	2577.63	1838.55	1280.43	687.93	548.04	2518.03	3987.24	2364.41
Industries	Agriculture Retail	Construction Retail	Education Healthcare	Agriculture Retail	Retail Healthcare	Manufacturing Healthcare	Agriculture Retail	Agriculture Education	Agriculture Healthcare	Retail Healthcare	Agriculture Retail
	Healthcare	Healthcare	Retail	Government		Retail	Healthcare	Healthcare		Manufacturing	1

https://www.census.gov/ - 2019 estimates, https://statisticalatlas.com/state/Colorado/Overview, https://hcpf.colorado.gov/county-fact-sheets

GOAL #1: DIVERSITY

Diversity: Increase the potential for secondary, undergraduate, and health professions students from underrepresented populations, educationally disadvantaged backgrounds, and rural areas, to successfully pursue a health professions career with an emphasis in public health.

Objective #1: Education and Training

Deliverable #1	Deliver health-career pipeline and education programs for high school students (9th-12th grades).
Activities #1	 Expand health careers pipeline activities for grades 9-12 to recruit diverse young people from underserved and underrepresented populations into health careers.
	2. Provide activities or ensure completion of application for ACEP students to attend ACEP Camp (<i>Hope Institute</i>) at CU Boulder and AMC.
	3. Region to list unique qualifiable region activities and reporting measures here:
	 Participate in "Get Into The Guts" with NOCO Health Sector Partnership to encourage healthcare career exploration.
	4. Region to list unique quantifiable metrics here:
	 Participate in "Get Into The Guts" with NOCO Health Sector Partnership to reach 100-150 middle school students.

SUCCESSES

Health Occupations Promoting Equity (HOPE) Institute

Centennial AHEC worked in collaboration with COAHEC to offer an inperson and virtually facilitated summer camp for high school students. CAHEC had a great turn out at the camp with approximately 12 attendees every day. The students were interactive and had the opportunity to connect with various health professionals and peers from the CU Anschutz campus and other regional sites.

- Students learned about behavioral health and suicide prevention as they completed QPR certification training with our friends from North Range.
- A physical therapist led students through a series of exercises to teach how changes in movement and pain can reveal important details about a

patient's physical health.

• Students were invited to participate in a nutrition competition to create a healthy meal and explain how it connects to the lesson on nutrition and dietetics.









- The Colorado School of Public Health demonstrated the application of public health principals to guide the students through a case study on interventions for Type 2 Diabetes.
- The School of Pharmacy taught compounding, the creation of unique pharmaceutical mixtures specific to patient needs, through a hands-on activity where each student created their own container of lip balm.
- Using clay to build a heart replica, students explored the anatomy of the cardiovascular system.
- Students learned the importance of communication as they completed two clinical roleplays with trained patient actors from CAPE.



 The impact on healthcare from cultural identity and beliefs were explored through

the lens of Native American culture and healthcare.

• Students learned about teamwork and its importance in healthcare settings, as they competed to build the largest selfstanding spaghetti tower.

Mentorship

One student who had previously been in the ACEP program completed his senior project in collaboration with Centennial AHEC. This student's project focused on creating a virtual forum with healthcare providers to be interviewed by 6-12 grade students. CAHEC assisted the student facilitate this forum and make connections with healthcare providers. The student was able to recruit 5 various types of healthcare providers and about 15 high school students to participate in the forum.

Get Into the Guts

Centennial AHEC works in collaboration with the NOCO Health Sector Partnership to reach diverse middle and high school students to promote careers in healthcare. Due to the restrictions in schools during the 2020-2021 academic year in-person events were not possible. NOCO Health Sector Partnership facilitated three virtual chats with healthcare providers. These have been archived and are available on the NOCO You Tube Channel.

- Healthcare Careers with Short-term Training
- Internships & Apprenticeships for College Students
- Internships & Apprenticeships for High School Students

Additionally, as school restrictions were in place, so were hospital restrictions which did not enable the traditional Get Into the Guts program. NOCO Health Sector Partnership creatively created a <u>virtual tour of the Eye Center of Northern Colorado</u>, which provided students an indepth tour of the facility and the different staff positions and responsibilities.



BARRIERS/CHALLENGES

The COVID-19 pandemic continued to cause both barriers and challenges to meet the objectives of pipeline programs. CAHEC attempted to provide access to online resources

geared to high school students interested healthcare professions. This resource portal unfortunately was not utilized by regional schools. We believe that additional online resources for teachers, counselors, and/or students was not utilized because they were already inundated with resources and online materials.

CAHEC will maintain the student portal and update and appropriate. New marketing materials will be sent out to provide easier access to the resources and encourage sharing the resources with students.



Deliverable #2	Track students in the healthcare pipeline.
Activities #2	Record in Salesforce all pipeline students' progress from their healthcare pipeline entry in high school to practice.

Centennial AHEC documents all connections with students in the career pipeline program and educational programs are documented within Salesforce monthly.

Deliverable #3:	Support pre-health and faculty advisors' training.
Activities #3:	 Advertise and promote Advisor's Day to eligible participants. Recruit eligible participants to attend.



Centennial AHEC promoted Advisor's Day 2021 through social media outreach, direct emails, and through conversations with advisors. Two CAHEC staff attended Advisor's Day.



Deliverable #4:	Recruit and Coordinate AHEC Scholars per the HRSA-mandated requirements and as outlined in the PO AHEC Scholars' Guidebook provided to all Centers and located on the AHEC Scholars' Coordinators' google site.
Activities #4:	 Recruit 15-25 program participants per AHEC Scholars' cohort year per region.
	Deliver live/synchronous (in person, zoom, or other type of) learning sessions at least quarterly.
	3. Update AHEC Scholars data by deadlines outlined in the current version of the AHEC Scholars' Guidebook.
	4. Maintain contact with participants during program and relay ongoing didactic opportunities.
	5. Submit and follow a remediation plan when indicated by PO.
	6. Maintain ongoing contact and reporting on participants during program and for at least one year following completion.
	7. Certify participant program completion



Centennial AHEC supports and coordinates the AHEC Scholars Program which is a nation-wide, two-year long program for current health profession students that provides interprofessional, team-based, clinical, and didactic training that includes behavioral health integration, social determinants of health, cultural competency, practice transformation, and current/emerging health issues.

SUCCESSES

CAHEC has had three completers for cohort 2 and at least one more has plans to complete this summer. Stephanie Norris, our first completer, provided us a testimonial about her experience with AHEC scholars: "AHEC Scholars has allowed me to explore a multitude of topics and unique populations which has only helped grow my knowledge base. From health equity regarding food access and social determinants of health, oil and gas development and its impact on wellbeing, the use of medical marijuana, and current issues like COVID-19, this program has only helped to prepare me for a career in nursing."

Another AHEC Scholar participated in first and second round interviews for our "Sharing the Story" project. Emma Goetz's growth since the pandemic began was incredible. When the pandemic began Emma, who has some underlying conditions, left her position as a CNA in a long-term care facility due to her high-risk potential. When she was reinterviewed When she was re-interviewed six months later, she is now working in the COVID-19 Intensive Care Unit and absolutely loving her job working in this environment. Click here to see her interview.



Tanya Perekrestenko is our most recent AHEC Scholars completer, and she states "I just recently graduated from the University of Northern Colorado's School of Nursing, and AHEC Scholars has been a part of that journey since my second semester in nursing school. It led to great opportunities to delve deeply into topics that are touched upon in classes, and some topics that are not addressed at all but are no less important to providing holistic care."



AHEC Scholars were invited to attend regional virtual learning communities on topics including Care Coordination, Practice Transformation, and Motivational Interviewing. Additionally, numerous additional learning opportunities were provided to the students as options including webinars, virtual live meetings, and national conferences.

BARRIERS/CHALLENGES

As we evaluate how AHEC Scholars is working in the CAHEC region we must reflect on the changes in healthcare curriculum in response to the COVID-19 pandemic. Health education has changed dramatically in response the pandemic, both in delivery and content. Faculty in healthcare programs have had to vastly change their teaching styles to develop online or virtual teaching platforms. Due to this strain on educators, there was less interest in promoting the AHEC Scholars Program during the 2020-2021 academic year. At the same time students are inundated with new virtual learning environments and the ability or desire to participate in another online education option is a difficult ask.

CAHEC began recruiting for the 3rd cohort of the AHEC Scholars Program in August 2020 to numerous schools and programs within the region. Unfortunately, recruitment proved to be extremely challenging for this cohort and CAHEC has had only four new students. A few adjustments CAHEC has made to meet these challenges is to develop a crosswalk which may assist the students in knowing which AHEC Scholars modules align with their current subject under study. This has been completed for nursing programs, nurse aide programs, and medical assisting programs. This was promoted at nursing faculty meetings in early January 2021. We have also met with both the Nursing faculty at Morgan Community College and the Nurse Aide faculty at Aims Community College.

Plan	CAHEC has decided to promote the AHEC Scholars Program to healthcare programs that provide entry level certifications such as Nurse Aide, Medical Assisting, Emergency Medical Technician. The rationale in promoting to these programs is to enable these students to have additional certifications and knowledge that may aid them in pursuing advanced degrees.
Do	 CAHEC is currently working with pre-health advisors and faculty to promote the program to students enrolled in certificate programs. Four in-person orientations are set for mid-August 2021 to recruit for cohort 4. New marketing flyer is in development and will be mailed out to all school in early August 2021. CAHEC will host a virtual informational meeting for health profession faculty from all 5 regional colleges in September 2021.
Study	CAHEC will evaluate this new outreach/recruitment strategy throughout the 2021-2022 academic year to determine if we are getting more enrollment in the Program. With the goal of 15 - 20 participants.



Act CAHEC will evaluate enrollment numbers and involvement in the Program in December 2021 and June 2022 to determine what changes if any need to be made.

GOAL #2: DISTRIBUTION

Distribution: Increase the potential for health profession students in medicine, dentistry, nursing, pharmacy, public health and allied health to practice in an underserved rural or urban community by immersing them in rural or underserved community experiences through Community-Based Education Training Programs, Field Placements, and Interprofessional Education and Training; and, provide access to evidenced-based health information, accredited high-quality continuing education programs and support for health professionals serving in rural and medically underserved areas in Colorado.

Objective #2: Community-based education, field placements, interprofessional and continuing education.

Deliverable #5:	Provide and evaluate Community-Based Experiential Training experiential training in rural and underserved areas through field placements and clinical rotations for health professions students outside of the AHEC Scholars Program and based on the unique needs of CONTRACTOR'S defined region to include preceptors, lay people, and students.
Activities #5:	 Provide health education opportunities to health professions' students that is team based and support the following HRSA Core Topic areas: Interdisciplinary training supporting a patient-centered model of health care that involves an understanding of the contributions of multiple health care professionals, Behavioral Health Integration that addresses the needs of individuals with mental health and substance use condition, Social Determinants of Health includes five key determinants of Economic Stability, Education, Social and Community Context, Health and Health Care, and Neighborhood as well as their impact on health, Cultural Competency by training health care providers to recognize and address the unique culture, language and health literacy of the AHEC region (e.g., National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care), Practice Transformation which aims to fully support quality improvement and patient centered care that support new team models of health care delivery Current and emerging health issues including Colorado's response to the Opioid Epidemic, Marijuana, Oral Health: Access



- to care and primary care integration, Mental Health: Access to care, Suicide Prevention; Health Effects of Oil and Gas Extraction and COVID-19.
- 2. Region to list unique qualifiable region activities and reporting measures here:
 - Participate and promote Community Based Education including: Mini-med, CSU Diabetes Webinars, Together With Veterans. etc.
 - Foster Community Partnerships including: Northern Colorado Medical Society, NOCO Health Sector Partnership, etc.
- 2. Region to list unique quantifiable metrics here:
 - Monitor and track attendance and community-based education sessions and complete reports as needed.
 - Attend meetings and market AHEC programs as appropriate.

SUCCESSES

Health Profession Student Mentoring

CAHEC has hosted three health professions students during the spring 2021 and summer 2021 semester to complete clinical experience hours.

- Master of Public Health Student (Capstone Project): Worked on mental health resources for the youth in the rural community. His work and presentation outline numerous available resources both regionally and nationally that youth can use for mental health as well as resiliency.
- Bachelor of Science in Nursing Student (Leadership Practicum): Worked on Nursing and Self-Advocacy using the videos produced from the Sharing the Story project and CARES Act. This presentation was included in the virtual poster session for the Nurse Educator Conference.
- Bachelor of Science in Nursing Student (Leadership Practicum): Worked on the CAHEC Portal, specifically the telehealth for mental health in the rural community.

Diabetes Webinars

In partnership with Colorado State University Extension, Family and Consumer Science Agents of northeast Colorado Diabetes Webinars are offered four times a year to community members and healthcare professionals to aid in the fight against diabetes. Through technology doctors, professors, diabetes educators and other healthcare professionals share their expertise about diagnosis, treatment, and management of diabetes. These webinars were moved to an online platform and live where available.

Mini Medical School



CAHEC was able to distribute the pre-recorded sessions and question and answer sessions through the CAHEC Resource Portal and to employees, AHEC Scholars, and health profession students. Many educational institutions reached out to inquire about using mini-med prerecorded sessions due to the COVID-19 situation and requirement to move education online. Pre-recorded session links were distributed to high schools and universities as a supplement to their educational programs.



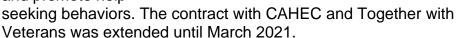
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RURAL VETERAN SUICIDE PREVENTION PROGRAM

Together with Veterans: Northeast Colorado Veterans Suicide Awareness & Prevention

Staff was able to bring <u>Together with</u>
<u>Veterans</u> to our rural communities to begin
the process of implementing this program in
Morgan County. Together with Veterans is a
community approach to suicide prevention
that tailors training and equips rural
communities with strategies to reduce stigma

and promote help-



Additionally, CAHEC works in collaboration with Qualified Listeners, which is an organization that focuses on Veterans helping Veterans. CAHEC was able to provide funding for Qualified Listener printed materials to be made available throughout our region.



Community Partnerships

CAHEC has worked with local community partners to provide a secure and accessible location for groups to meet and safely socialize during the pandemic. CAHEC has worked with Envision whose mission is the enhance the quality of life for people with intellectual and developmental disabilities in Weld County. This has been a great partnership that enables Envision to carry out their mission and allows CAHEC to support the community. Additionally, one of our host homeowners has used our location for a safe environment for a community group to meet on a weekly basis. Due to the closure of many public buildings, we have also partnered with a local psychologist who completes assessments for disability services.

CAHEC has been able to provide this healthcare provider a safe, accessible, and private area to meet with clients.

BARRIERS/CHALLENGES

Although CAHEC was able to offer many virtual events and support regional partners, travel to facilities in the region proved challenging. There continued to be restrictions in place at schools, universities, clinics, and hospitals which prevented in-person meetings and support. Additionally, many active healthcare providers found it difficulty to have extra time for educational purposes as their schedule did not allow that time.

Deliverable #6:	Assist with field placements that support AMC health professions' students' clinical learning experiences in frontier, rural and/or urban medically underserved areas.
Activities #6:	Act as a local advocate with area hospitals, other healthcare providers, and practitioners in promoting the community-based educational field placements.
	 Adhere to housing policies as defined by the current COAHEC Housing Policy located at COAHEC Website.



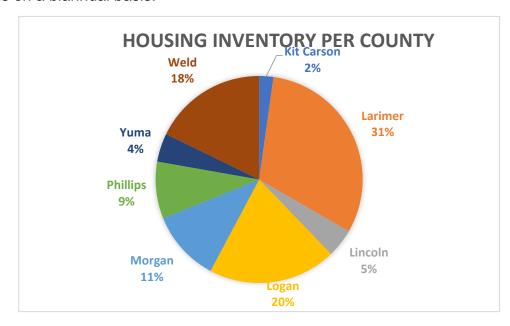
- 3. Have personal contact with active volunteer preceptors via email, telephone or in-person twice during the fiscal year.
- 4. Identify potential preceptors and refer to appropriate AMC school or program.
- 5. Region to list unique qualifiable region activities and reporting measures here:
 - Host biannual virtual meeting with hosts to serve as a meet and greet event and needs assessment for hosts.
- 6. Region to list unique quantifiable metrics here:
 - Number of hosts attending virtual meetings and outreach efforts to hosts with opportunities for engagement.

SUCCESSES

One of the prime functions of the University of Colorado contract with CAHEC is to support health profession students doing clinical rotations off-campus and in rural communities. January 2021 through August 2021, there were numerous health profession student rotations conducted throughout eight of CAHEC's eleven county region for approximately 5500 housing nights. Housing was provided for numerous health profession students from CU Anschutz Medical Center, as well as health profession students from Rocky Vista and Red Rocks Community College. These students were provided local housing at host homes near their rotation sites.



In December 2020 a virtual meet and greet was arranged for all hosts within our region. This provided the opportunity for hosts to meet each other and discuss pros/cons as well as provide CAHEC with feedback on what works and what may need improved for housing. We will continue this on a biannual basis.





BARRIERS/CHALLENGES

During the COVID-19 situation many housing rotations were put on hold or rescheduled. These were trying times for the schools, students, and housing hosts. We want to acknowledge the great work done by all involved with the challenges presented and look forward to continuing to provide health professions students reliable, safe, housing and support our hosts. In September of 2020, CAHEC partnered with the Western Colorado AHEC region to partner on housing administration.

Deliverable #7:	As previously mentioned in Goal 1, Deliverable 4 in this Scope of Work, provide interprofessional education and training for health professions students in the form of written materials, classes, video presentations, or other curricular modalities to expand students' readiness to enter their career fields able and ready to collaborate with an interprofessional team.
Activities #7:	 Region to list unique qualifiable region activities and reporting measures here: Develop, maintain, and market the CAHEC Resource Portal and provide access to partners and students. Region to list unique quantifiable metrics here: Maintain records and track use of the CAHEC Resource Portal.

SUCCESSES

Sharing the Story: COVID-19 Pandemic

Undoubtably the impacts of COVID-19 are being felt by everyone, and the needs uncovered by this event will be realized over a long time to come. This is the time to share the stories and the lessons learned from this event. Seizing this opportunity, CAHEC has hosted online interviews with healthcare providers and community members who are currently working through and managing the situation. These discussions and listening sessions have allowed us to memorialize the stories, learn the challenges, and hear lessons learned. Our intent has been to craft meaningful dialogues to memorialize both the mundane and heroic efforts during this pandemic. While we have a rural focus, we have also engaged with state and national leaders learning their stories and challenges.

The goal of this project has been to learn from this event to provide future guidance in healthcare education and to provide a way to archive and appreciate the personal stories of this event. We have hosted over 70 interviews with some standardized questions presented in an open-ended format. These interviews were cataloged, and themes identified, to disseminated and provide an oral history of the COVID-19 pandemic. Additionally, follow-up interviews were conducted on approximately 20 interviewees to see what has changed in a year of living through and working during a pandemic. All interviews have been cataloged by region and date into 17 different playlists on the <u>CAHEC YouTube channel</u>.



CAHEC has also created <u>five compilation videos</u> that have been viewed over 370 times. These videos were developed to represent the common themes noted in the interviews:

- Human Connection
- Resiliency: The Art of Adapting
- Coping in a Time of Crisis
- The Impact of a Pandemic on the Evolution of Telehealth
- Education in a Virtual World

This project has been approved for additional HRSA funding under the CARES Act to address provider burnout. This will be addressed further in the "CARES Act" section.

CAHEC Resource Portal

In response to the need to provide education, training, and resources to our partners, CAHEC developed an online Resource Portal. This portal has been made available to members of the community and healthcare providers. This portal is dynamic and continuously updated with new resources, training opportunities, and support materials. This portal contains resources for practice transformation, provider self-care and resiliency, COVID-19 resources, care coordination trainings, substance use disorder, telehealth and many other.





Interprofessional Education

The largest gain for Interprofessional Education for our health profession students is the adaptation from an urban area to the rural communities. Students transition to a rural care setting which includes increased community-based care, less or fewer resources, and medical conditions specific to the rural area. Students are required to use interprofessional education practices to meet the needs of the specialized community.

The COVID-19 pandemic has led to a positive impact related to interprofessional education. Healthcare professionals have expressed the increased need to have the different healthcare professions work in collaboration to treat patients during the time of the pandemic. CAHEC has also been very fortunate to recruit many various healthcare providers and community members to participate in the "Sharing the Story: COVID-19 Pandemic" interview project. A common theme found was the need for health providers and the community to come together to address the pandemic.

BARRIERS/CHALLENGES

There remains a challenge of individuals signing up for an using the resources in the portal. Improved marketing materials and a more focused attention will be used going forward to promote the portal. In addition, more resources will be added to support community resources and address social determinants of health within the region.



Deliverable #8:	Provide interprofessional and/or continuing education for healthcare professionals.
Activities #8	 Assist in COAHEC biennial Networking, Education And Research (NEAR) implementation as directed by PO. Attend all NEAR Conference programming and assist in programming while in session as needed by PO. Invite local preceptors to training and educational programs such as NEAR. Region to list unique qualifiable region activities and reporting measures here: Plan and implement the annual Nurse Educator Conference in the Rockies for nurse educators. This conference is in the 30th year and continues to reach close to 400 nurse educators per year to provide continuing education. Facilitate and/or provide training related to Care Coordination including Practice Transformation and Social Determinants of Health.
	 5. Region to list unique quantifiable metrics here: Track number of attendees and contact hours for the Nurse Educator Conference. Track number of attendees for care coordination trainings and/or use of the CAHEC Portal for resources

SUCCESSES

Networking, Education and Research (NEAR) Conference

Centennial AHEC promoted NEAR Lite 2021 through social media outreach, direct emails, and through conversations with partners. Students and preceptors were provided direct email invitations to participate. CAHEC staff attended most of the NEAR Lite Sessions. The largest gain for Interprofessional Education for our health profession students is the adaptation from an urban area to the rural communities. Students transition to a rural care setting which includes increased community-based care, less or fewer resources, and medical conditions specific to the rural area. Students are required to use interprofessional education

Continuing Medication Education (CME) Credit Offerings

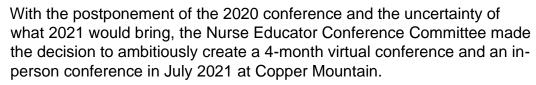
practices to meet the needs of the specialized community.

CAHEC was able to work with Melissa Memorial Hospital to provide CME credits for the Northeast Trauma Conference. CAHEC works on completing the application and then working with the COAHEC office to confirm CME credits. The Northeast Trauma Conference reached approximately 100 providers.



Nurse Educators Conference in the Rockies (NEC)

A significant project CAHEC undertakes annually is the <u>Nurse Educators</u> <u>Conference in the Rockies (NEC)</u>. This annual conference typically hosts over 350 nurses throughout the country, and internationally, to further the nursing education profession.





CAHEC was able to provide over 60 virtual learning session during the 4-month virtual conference and we were elated to celebrate the Nurse Educators Conference's 30th Anniversary with a wonderful champagne and cake reception in Copper Mountain. We had the privilege of having two impressive and inspiring keynote speakers Shannon Perry, who spoke on the history of nursing over the last thirty years and Nurse Kelley (Miss Colorado 2015), who spoke about her story in nursing and the future of nursing and nursing education. We were also able to offer 24 in-person interactive breakout sessions.

Additionally, this year the Nurse Educator Conference awarded 16 nurse educators from across the country the designation of "Nurse Educator Award". These individuals were nominated by colleagues and selected by the Nurse Educator Conference Committee. These awardees were highlighted each month on the Nurse Educator in the Rockies website at https://www.necintherockies.com/awards and recognized at the 30th Anniversary Reception.

VIRTUAL CONFERENCE					
Month	Events	Participants	Contact Hours Awarded		
April	3 pre-recorded sessions 5 live virtual sessions	166 participants	476 contact hours		
May	10 pre-recorded sessions 3 live virtual sessions	205 participants	476 contact hoursawarded for April, May,June virtual conference		
June	5 pre-recorded sessions 4 live virtual sessions	145 participants	June virtual conference		
July	9 pre-recorded sessions 3 live virtual sessions 19 poster sessions	331 participants	307 contact hours awarded for July virtual conference		

JULY IN-PERSON CONFERENCE				
Events	Participants	Contact Hours Awarded		
2 Keynotes	80 participants	400 contact hours awarded		
30 th Anniversary Reception	8 vendor/exhibitor booths	for July in-person conference		
24 Breakout Session				



NURSE EDUCATOR CONFERENCE COMMITTEE					
Karen Cotter – Chair	Lola Fehr – Nurse Planner	Lori Candela			
PhD, RN, CNE	MS, RN, CAE, PRP, FAAN	RN, MS, EdD, APRN, FNP-BC,			
Clinical Assistant Professor	Gallup-Certified Strengths Coach	CNE			
Undergraduate Program Director	Organizational Consultant	Associate Professor			
Baylor University Louise Herrington	Professional Parliamentarian	University of Nevada Las Vegas			
School of Nursing		School of Nursing			
Dallas, Texas		Las Vegas, Nevada			
Lori Cheney	Darcy Copeland	Linda Siegrist			
Assistant Professor	PhD, ŘN	MSN, BSN, ADN			
San Juan College	Associate Professor	Adjunct Faculty			
Department of Nursing	University of Northern Colorado	SUNY Delhi			
Farmington, New Mexico	Greeley, Colorado	Delhi, New York			
Audrey Snyder	Pamela Stetina	Jean Yockey			
PhD, RN, ACNP-BC, FNP-BC,	PhD, RN, CNE	PhD, MSN, FNP, RN, CNE			
FAANP, FAEN, FAAN	Clinical Professor	Assistant Professor			
Associate Dean for Experiential	Northern Arizona University	University of South Dakota			
Learning	School of Nursing	School of Nursing			
University of North Carolina	Flagstaff, Arizona	Vermillion, South Dakota			
Greensboro					
School of Nursing					
Greensboro, North Carolina					

CHALLENGES/BARRIERS

The Nurse Educator Conference in the Rockies faced many challenges while trying to put on both a virtual conference and in-person conference. Challenges with the virtual conference included working with over 60 presenters to create virtual presentations and present in virtual platform. This included tracking evaluations to award over 500 contact hours.

The challenges with the live in-person conference were vast. Capacity restrictions had our event limited to only 50 participants until early June and then we were given permission by the venue and county to open registration. Although we were able to accommodate a large number of participants due to the late notice our numbers only increased to approximately 80 participants and 20 vendor/exhibitors. We found from our higher education partners that travel and financial restrictions remained in place and prevented educators from attending the conference.



GOAL #3: PRACTICE TRANSFORMATION

Practice Transformation: Facilitate and support practice transformation of Colorado's healthcare system by promoting a patient-centered approach, addressing social determinants of health through a team-based, data-centered method with a focus on improving quality and community health outcomes in rural and medically underserved areas.

Objective #3: Practice Transformation				
Deliverable #9:	Deliverable #9: Actively plan with and participate in partnerships with groups that specialize in practice transformation in the State of Colorado.			
Activities #9:	 Collaborate and participate with current University of Colorado partners in practice transformation activities. Offer to be a convening site, hosting at least once a year, a CHES or other practice transformation organization for strategic planning, workgroup, or engagement activity. 			

CAHEC Regional Health Connectors			
Region 1	Region 5		
Morgan, Logan, Washington, Yuma,	Kit Carson, Elbert, Cheyenne, Lincoln		
Sedgwick, and Phillips			
Priority Project:	Priority Project:		
Care Coordination	Rural Wellness		

SUCCESSES

CAHEC has been an integral partner in practice transformation since 2014 with Evidence SW and was one of the first six agencies in the state to participate. Although the names and funding sources have changed over the years CAHEC has remained steadfast in the support for Regional Health Connectors (RHC) and Practice Transformation. The Regional Health Connectors play an active role in planning and participation in the Hospital Transformation Program (HTP) with hospitals and clinics in our region and with numerous Practice Transformation Organizations across the state. Currently the RHCs work with CU-Anschutz Medical Center and the Innovation Support Project (ISP) to support regional practices with their goals for practice transformation.

Activities to address Practice Transformation:

- Participation in HTP Meetings and PIAC Meetings
- Together with Veterans/Qualified Listeners
- Care Coordination Resources
- Prescription Drug Abuse Awareness for providers
- Behavioral Health Integration
- Rural Peer Assistance Network (RPAN)
- Jail Based Behavioral-Health Services (JBBS)
- Northeastern Colorado Virtual Learning Community
- CAHEC Resource Portal





BARRIERS/CHALLENGES

It cannot be overstated how much COVID-19 has impacted practices throughout the country, state, and region. The Hospital Transformation Program (HTP) was delayed until April 2021 due to the practices need to respond to the pandemic. As the HTP meetings started up again challenges included creating meaningful community-based meeting with in-person restrictions in place. Another challenge was recruitment into the Innovation Support Project (ISP) program. Although information and resources related to ISP has been presented to practices, at present no clinics in Region 1 or Region 5 are participating in the project. Many of the regional hospitals and practices participate in regional meetings with Eastern Plains Healthcare Consortium. CAHEC RHCs offer support and resources as needed for all hospitals, clinics, and providers in the region.

Deliverable #10:	Support patient-centered and community health. This includes partnerships and collaboration with Regional Health Connectors (RHC's) where they exist within the regional boundaries.
Activities #10:	 Use existing data and initiatives to identify local priorities in community health. Participate in the implementation of the 3* local priority projects created by RHC's where available. Work with RHCs, as available, to connect community resources with best practices to capitalize on the cooperation of providers, government, and community working toward the same defined population health goals. *Each RHC identified 1 local priority project

SUCCESSES/BARRIERS/CHALLENGES

The Regional Health Connectors developed plans to address regional health goals and identified strategies and implementation measures to meet the goals. The goals were developed with analysis of community data, the local health department, county health rankings, community health needs assessment, and anecdotal data. With the COVID-19 situation, priorities for the RHCs shifted to meet the needs of the regional partners and communities.

In addition to the shifting needs of the region the funding sources and scope of work for the RHCs also shift. Beginning in August 2021 additional funding for the RHCs will come from SB137 bill which will prioritize mental health in Colorado and work with social determinants of health.

Region 1 Priority Project: Care Coordination

Region 1 RHC priority project was addressed at providing care coordination training to staff in rural hospitals. CAHEC developed a care coordination training program that involved both inperson and virtual presentations.

Unfortunately, at the time this program was set to begin COVID-19 hit and priorities changed within the region. As most education programs moved to an online/virtual format CAHEC adjusted as well. CAHEC strives to meet the needs of providers and adjusted the care coordination training to the CAHEC Resource Portal (see PDSA process for this in deliverable



#11 narrative). The CAHEC Resource portal is a dynamic platform that is consistently updated with new information and resources for providers, community, and facilities.

Region 5 Priority Project: Rural Wellness

Region 5 RHC priority project was addressed at providing rural communities peer assistance related to stress and mental health. CAHEC worked with the Rocky Mountain Farmers Bureau to develop a session called "Running on all Cylinders" and ran with session with regional partners in October 2020. Additionally, CAHEC worked with a Master of Public Health Student who produced a resource guide for mental health and resiliency resources for the youth in rural communities.

Unfortunately, due to COVID-19 and staff changes at both CAHEC and the Rocky Mountain Farmers Bureau this project was on hold for during the last 6 months. A new RHC was hired in last March for region 5 and has adjusted the priority project to meet the current needs of partners and communities (see PDSA process for this in deliverable #11 narrative).

Deliverable #11:	Work with Regional Health Connectors, health professions' schools, community agencies, and local hospitals and/or clinics to assist in current rapid-cycle quality improvement (RCQI) activities in practice transformation for their region.	
Activities #11:	Support the RHCs to assist in RCQI activities.	
	2. Conduct RCQI and Plan, Do, Study, Act methodology quarterly to at least 3 of the Center's new practice transformation programs over the 5-year period.	
	3. Report these findings in the bi-annual report to PO.	

Region 1 Priority Project: Care Coordination

Plan	To better meet the needs of the region the focus has changes from offering care coordination training to providing a comprehensive resource portal and NE Colorado Learning Communities.
Do	The CAHEC Resource Portal is uses a canvas LMS platform to allow access to multiple resources including: care coordination trainings, available webinars, county resources, resiliency, health equity, practice transformation, etc. This is a dynamic platform and being updated and expanded continuously.
	In January 2021 and March 2021 NE Colorado Learning Communities were held to offer healthcare providers an opportunity to learn about Practice Transformation resources and Motivational Interviewing related to Vaccine Hesitancy respectively.
Study	CAHEC will continue to review how well the CAHEC Resource Portal is utilized by healthcare providers and community members and determine if the canvas platform is the best access point.
	The NE Colorado Learning Communities were attended by only approximately 10-15 participants and will continue as needed basis and determined by community needs.



Act	CAHEC will continuously adapt RHC priority projects to meet the needs of the	
	community, region, and funding recommendations.	

Region 5 Priority Project: Rural Wellness

Plan	To better meet the needs of the region and adjust to the changes in the RPAN project, the current work by the RHC has been around meeting the region hospitals and conducting a needs assessment though conversations and introductory meetings.
	Additionally, the regional needs for an advocate for Opioid Use Disorder and Narcan Training became a priority need for the RHC.
Do	The RHC has been meeting with regional hospitals and participated in Narcan Training. CAHEC has become a training center and supplier of Narcan for the region.
Study	CAHEC will continue to evaluate the needs of the community and provide Narcan services as needed.
Act	CAHEC will continuously adapt RHC priority projects to meet the needs of the community, region, and funding recommendations.

OTHER GRANTS

CARES Act

As is well documented throughout this report COVID-19 changed the priorities for both CAHEC and our regional partners. To meet the unique needs of Colorado and the Northeastern region we applied for and received grant funding through HRSA and the Colorado AHEC Program Office to carry out CARES Act priority to prevent, prepare and respond to the pandemic. CAHEC submitted two planned components to address: telehealth and provider burnout.

The first proposal was designed to provide and support for telehealth in our region and was targeted with long term care facilities, community centers, and congregate care facilities in mind. CAHEC specifically wanted to offer "educational know how" to guide others in achieving high quality healthcare for all patients, with a specific focus on reaching populations that may have suffered the effects of negative social determinants of health and geographical isolation. The original goal was to provide training, distribute telehealth devices, and provide resources. Between the time the grant was approved, and funds received the needs of the community changed from the need for telehealth devices to the need for assistance with telehealth support platforms. Additionally, the educational needs have changed from strictly telehealth to regional resources. To meet the needs of the community CAHEC created virtual learning communities that are held monthly to address regional concerns including CAHEC resources, care coordination, and the innovative support program.

The second component of the CARES Act funding was to address provider burnout. CAHEC had begun a project in April 2020 at the start of the pandemic to capture the stories of providers, patients, and the community about the impact of COVID-19. Our interviewees come from a wide variety of backgrounds with a special emphasis on healthcare providers. While we have a rural



focus, we have also been able to engage with state and national leaders. We reached out to Nurses Organization, local healthcare educators, NEC nurse leaders, personal contacts, and AHEC regional and state contacts with an amazing level of response.

Our intent is to craft meaningful dialogues that memorialize both the mundane and heroic healthcare efforts during this pandemic. This is the time to share these stories as the needs and lessons learned from this tragic event will be realized for a long time to come.



We discuss the challenges individuals, their families, and their communities are facing both at home and at work. We ask for insight into how healthcare and education will be impacted now and as we move into the future. We listen to stories of leadership, service, compassion, and self-care. For many these interviews have been able to provide a cathartic outlet where they can be heard.

We have hosted over 70 interviews with some standardized questions presented in an openended format. These interviews were cataloged, and themes identified, to disseminated and provide an oral history of the COVID-19 pandemic. Additionally, follow-up interviews were conducted on approximately 20 interviewees to see what has changed in a year of living through and working during a pandemic. All interviews have been cataloged by region and date into 17 different playlists on the <u>CAHEC YouTube channel</u>.

CAHEC has also created <u>five compilation videos</u> that have been viewed over 370 times. These videos were developed to represent the common themes noted in the interviews:

- Human Connection
- Resiliency: The Art of Adapting
- Coping in a Time of Crisis
- The Impact of a Pandemic on the Evolution of Telehealth
- Education in a Virtual World

UNITED WAY

In an effort to improve our community outreach, CAHEC received a Nonprofit Capacity Building Assistance grant from United Way of Weld County to improve our social media platforms, relaunch our quarterly e-newsletter, CAHEC Connections and conduct an organizational capacity assessment.

Maternal Telehealth Access Project

In April 2021, CAHEC partnered with NAO to promote a month-long learning series with a maternal health focus. CAHEC received a grant to promote this program through social media, direct email campaign, and promotion at community and provider events.

	Email	Twitter	Facebook	LinkedIn	Instagram	Partner
						Organizations
# Reached	300	129	259	102	10	60



Monoclonal Antibody (MAB) Colorado

CAHEC began working in April 2021 on an intermediate level with MAB Colorado to accomplish two goals. First, to promote survey for both the community and healthcare providers on existing knowledge of monoclonal antibody treatment for COVID-19. Secondly, to promote to healthcare providers the benefits of using monoclonal antibody treatment. This grant is ongoing and with the rise in the COVID-19 variants, increased involvement with this project is expected.

2020/2021 Grants Received						
Grantor	Project	Timing				
Regional Health Connector	RHC Outreach	2020/21				
Region 1 and 5						
Anschutz Medical Center	CARES Act – Telehealth and Provider Burnout	2020/21				
Anschutz Medical Center	HRSA – Workforce Development	2020/21				
Anschutz Medical Center	VCH – Workforce Development	2020/21				
Anschutz Medical Center	JBBS	2020				
Littler Foundation	Anatomy in Clay Equipment	2019/20/21				
Together with Veterans	Veterans Suicide Prevention	2019/20/21				
University of Colorado Denver	MAB Colorado	2021/2022				
United Way	Capacity Building	2021				
National AHEC Organization	Maternal Telehealth Access Project	2021				
2020/2021 Grants Not Received	2020/2021 Grants Not Received					
Grantor	Project	Timing				
Littler Foundations	Pipeline	NA				
Weld Trust	Workforce	NA				
Colorado Health Foundation	RHC Veteran – Suicide Prevention	NA				

Additional Contributors	
5280 Drug Testing	National AHEC Organization
Adamson Funeral Home and Services	National Outdoor Leadership School
American Lupus Association	Northern Arizona University
American Sentinel University	PETS Emergency Clinic
Banner Health	Phillips County, CO
Caring Legacy	Pocket Nurse
ColoradoGives.org	Poudre Valley Health
Colorado Health Foundation	RealityWorks
Colorado Health Institute	Red Rocks Community College
The Colorado Trust	Telligen
Columbine Management, Inc.	Trailhead Institute
Elsevier Health Sciences Publishers	Univ. of Colo. – Anschutz Medical Center
FA Davis Publishing	UWorld
Great Western Bank	Univ. of Colo. Colorado Springs
Hurst Review Services	Univ. of Northern Colorado
Kaplan Nursing	Univ. of St. Augustine
Laerdal Medical	Wolters Kluwer Publishing



LONGER TERM PLANNING

CAHEC is looking forward too many great programs during 2021 – 2022 year. The CAHEC Board of Directors meets every other month to provide direction and leadership for CAHEC staff and will be meeting for a full day retreat in October. On a routine basis, Board members engage with the various program within their communities with the intent of determining what is needed in the community and to provide direction for future programs. The Board identified priority focus areas including developing relationships, coordination among people and institutions, professional education, public education, and reaching diverse communities.

Additionally, CAHEC will continue to provide student and preceptor support. Through our combined efforts and focus on our core principles and mission we hope to promote innovative education programs, host a national/international conference, update our website, and increase advertising of CAHEC programs throughout the communities.

COVID-19 changed many ways business and program are run throughout the nation and CAHEC is adjusting to and embracing the challenges and new opportunities that exist during this time. CAHEC is a unique position to help our practice partners and educators bridge the gap between the needs of communities we serve.

Focus for future programs and development:

- Continuing Medical Education (CME) credits
- Substance Use Disorder/Opioid Training
- Healthcare Career Exploration for High School
- AHEC Scholars
- Together with Veterans/Qualified Listeners
- CAHEC Resource Portal
- COVID-19 Response including MAB Treatment



