



Annual Report

JULY 2019 - JUNE 2020

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From the Director



Delivering Programming in Uncertain Times

The COVID-19 pandemic has created uncertainty and change for all of us.

Our plans for summer programming in 2020 were substantially impacted by the need to social distance and the diminished capacity of many of our partners to host internships and other career exploration activities. These challenges brought opportunities to explore and develop new curricula and modes of program delivery.

C-SHIP went remote in May 2020 with the development of C-SHIP MICRO, an online internship option whereby health-related organizations and agencies can tap undergraduate health sciences students to help complete priority projects. By late June, seven interns had been engaged in community-based projects addressing such topics as designing a family wellness program, creating an anti-vaping campaign for teens, and developing a social media marketing program for a primary prevention coalition.

MedQuest and Advanced MedQuest went virtual in July and August 2020, with community hospitals and providers participating in online career panels and UVM medical student mentors delivering remote experiential workshops on such topics as infectious diseases, pathology, telehealth, and the like. Students even had access to virtual job shadowing software which provided scores of opportunities to remotely experience a variety of healthcare professionals delivering care in clinical settings.

While we hope to return to a degree of in-person programming during the new fiscal year, we are thankful for digital technology—the benefits it provides regarding increased access and lower costs—and acknowledge that, regardless of the pandemic, remote platforms will continue to play an important role in our programming.

We are grateful for the continued opportunity to make connections between so many bright, capable students and the supportive partnering health-related organizations and institutions that provide them with career-inspiring experiences.

Thank you to all our partners and students!

Bob Crego
Executive Director



COVID-19 RESPONSE



EMPOWER

Empowering healthcare workers



Reinforcing healthcare workforce development

REINFORCE



SHARE

Sharing resources for Vermont citizens

Lending a hand in community efforts



LEND



PROVIDE

Providing remote internships for college students

EXPLORE

Virtual healthcare career exploration for high school students



MedQuest and Advanced MedQuest Programs



2019 Advanced MedQuest cohort with UVM Medical Student Mentors on site at the UVM Medical Center in Burlington

MedQuest: Health Careers Exploration

Each summer, Southern Vermont AHEC invites high school students interested in the medical field to partake in one of two six-day residential programs focused on exploring health career pathways.

MedQuest East and West, each hosted by a Vermont college in the southeastern and southwestern regions of the state, brings together 40 students (two cohorts of 20 students each) to explore their values, interests and skills relative to health professions. Students learn basic medical protocols and terminology while being exposed to real-life on-the-job experiences through shadowing healthcare professionals at work in hospitals and clinics. MedQuest also introduces and reinforces academic and career skills that are crucial for students embarking on a health-related career.

SUMMER 2019 MEDQUEST PARTICIPANTS BY COUNTY:

Bennington	14
Windsor	10
Rutland	8
Windham	4
Addison	4

Advanced MedQuest

MedQuest alumni who are on a college track and plan on pursuing a career in healthcare are invited to apply for one of 15 spots in this five-day residential program hosted at the University of Vermont. Students are introduced to the inter-relationships between departments in healthcare facilities, while learning important medical concepts like patient confidentiality, medical ethics, cultural competency, and the pathology of disease. Topics and trends in healthcare are examined through case studies,

discussions, and group work. Students gain further insight into health professions through shadowing UVM health professionals.

SUMMER 2019 ADVANCED MEDQUEST PARTICIPANTS BY COUNTY:

Windsor	5
Rutland	4
Bennington	3
Chittenden	1

C-SHIP Program



Above: Emily Altland, a junior psychology major at LeMoyne College, shadowed in the Occupational Therapy Department at Southwestern Vermont Medical Center in Bennington



Above right: Erin Cairns, a junior neuroscience major at UVM, interned with the Collaborative in Londonderry



College Student Healthcare Internship Program (C-SHIP)

Many college students return to Vermont each summer with plans to work and build their resume. For those interested in the field of healthcare, SVT-AHEC provides a link to a broad range of engaging internship opportunities. Undergrads apply through Southern Vermont AHEC and qualifying applicants are considered for paid internships that align with their area of study and career interest. Internship sites are diverse ranging from local/region hospitals and clinics to assisted living facilities, public health offices, and primary prevention coalitions. Students shadow professionals and hone career skills while working on a health-related project which benefits the community and precepting organization. Intern work can vary from research and program support to public education and project development.

SUMMER 2019 INTERNSHIPS BY COUNTY OF RESIDENCE:	
Windsor	2
Rutland	2
Bennington	2
Windham	1

SUMMER 2019 INTERNS BY MAJOR:	
Biochemistry/Pre-Med	1
Biological Sciences	1
Neuroscience	2
Nursing	1
Psychology	1
Undeclared	1



Summer Interdisciplinary Project

As part of our mission to provide health professions students with rural experiences, SVTAHEC offers two-to four-week summer projects to students at the Robert Larner, M.D. College of Medicine at the University of Vermont. In summer 2019, we placed first-year medical student Elizabeth Baumgartner with a home nursing visits program in Londonderry, a collaboration between Neighborhood Connections and Mountain Valley Health Clinic. The learning objectives included the following:

- Understanding the role of a Community-Based Physician based in a rural Satellite Center
- Identifying the medical and patient value of home visits
- Assessing the community and medical resources available that assist rural patients
- Identifying the gaps that prevent or inhibit best evidence-based patient care
- Describing medical and social determinants of health in the population served by this practice
- Discussing benefits of an interdisciplinary perspective in addressing barriers and gaps

Upon completion of the project, Ms. Baumgartner noted, *“after this summer rural medicine and perhaps especially Geriatrics are areas that I could see myself doing in the future—especially around here. This community is so special. I gained immense insight into a rural community, especially the seniors and challenges they encounter every day. This was truly the most educational and enriching experience I have had to date. I loved every single patient I saw.”*



Student Housing for Clinical Rotations

The University of Vermont Larner College of Medicine (LCOM) places third-year medical students in clinical rotations throughout Vermont. Students are introduced to some of the rewards and challenges of practicing medicine in a rural area while gaining a true sense of what the community and culture of rural Vermont. In southern Vermont, students are placed with volunteer housing providers who have stepped forward in support of our future healthcare workforce.

SVTAHEC had a total of 34 students come to southern Vermont for their clinical rotations from July 2019-March 2020. This total includes nurse practitioner students, Longitudinal Integrated Clerkship students (LICs), and one senior selective. These rotations accounted for 97 weeks of clinical rotation time, plus three nurse practitioner students who were housed one or two nights per week for the semester. Three students did not require housing for a total of six weeks, so 91 weeks of housing were provided.

THE BREAKDOWN OF STUDENTS BY PROGRAM:	
STUDENTS	PROGRAM
8	LIC students
8	Rotations in Internal Medicine
6	Rotations in Family Practice
5	Rotations in Pediatrics
3	Rotations in OB/GYN
3	Nurse Practitioner students
1	Senior Selective

THE BREAKDOWN OF STUDENTS BY COUNTY AND CLINIC INCLUDES:			
TOTAL	COUNTY	STUDENTS	CLINIC
10	Addison	8	Porter Hospital
		1	Middlebury Family Health
		1	Mountain Health Center
8	Bennington	3	Green Mountain Pediatrics
		2	Bennington Cardiology
		1	SVMC Pediatrics
		1	Bennington College Health Center
		1	Marathon Health
15	Rutland	7	Rutland Regional
		2	Rutland Women's Health
		3	Rutland Community Health
		2	CHCRR Pediatrics
		1	Brandon Medical Center
1	Windham	1	Grace Cottage Hospital

Workforce Recruitment and Retention

Vermont Primary Care Survey

Annually, each of the three community-based AHECs in Vermont conducts a survey of all primary care practices in its region to get a snapshot of the supply and distribution of primary care practitioners (PCPs). This inventory guides AHEC's program development to address needs of the current workforce, as well as identifies emerging workforce shortages. The Vermont Primary Care Workforce Snapshot report is a compilation published every other year using data from the three regional surveys. (Link to the most recent report: <http://www.med.uvm.edu/ahec/workforceresearchdevelopment/reports/>.)

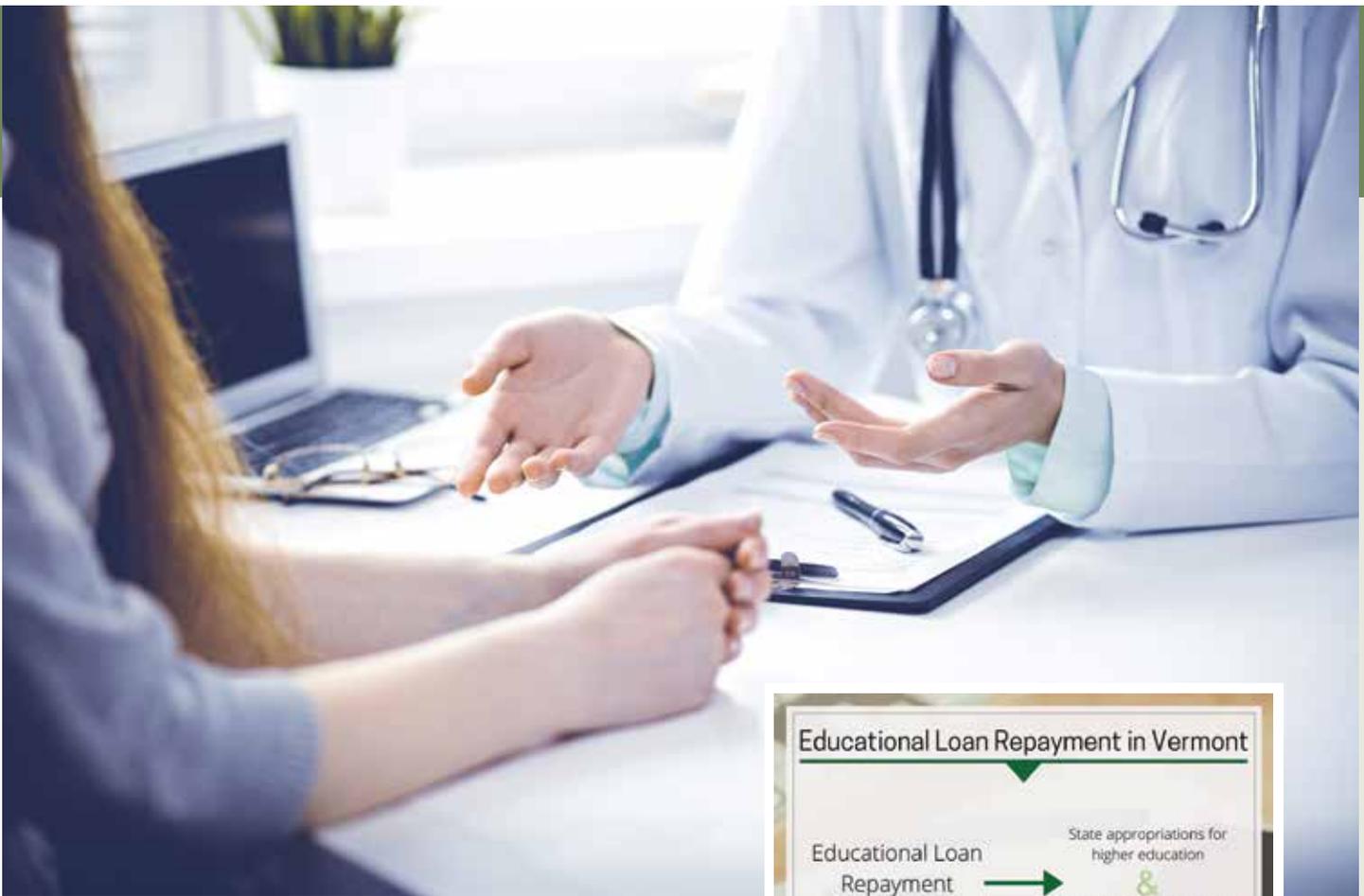
Averaging all practitioners across the state, the overall supply of PCPs is under adequate levels, using benchmarks established by the Graduate Medical Education National Advisory Committee Report (GMENAC). A more refined examination of the workforce in each primary care specialty, as well as within regions of the state, shows areas of both adequacy and shortage.

- There is a statewide shortage of internal medicine physicians. Overall, the most significant shortage is for primary care practitioners who care for adults.
- In Southern Vermont, there is a total shortfall of nearly 50 FTE physicians, with Rutland (-18.37 FTE physicians) and Windsor (-19.44 FTE) the Counties with the largest shortage.
- Mid-level practitioners—APRNs and PA-Cs—fill in much of the gap in the shortage of MDs in Southern Vermont.
- Unfortunately, the number of primary care practices in southern Vermont has decreased by 13% (71 to 62) in just the past three years. This means there are 21 less physicians and 23 fewer mid-levels practicing primary care in southern Vermont now than there were in 2017.

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SURVEY DETAIL FOR PHYSICIANS IN RUTLAND AND WINDSOR COUNTIES

WINDSOR		# PRACTICES:	11.00	COUNTY POPULATION:		55,100
PHYSICIAN PRIMARY CARE SPECIALTIES	# PHYSICIANS	FTE*	RECOMMENDED FTE	SHORTAGE	FM/IM SHORTAGE	
Family Medicine	15.00	12.23	17.91	-5.68	-15.80	
Internal Medicine	6.00	5.36	15.48	-10.12		
OB/GYN	3.00	3.00	5.07	-2.07		
Pediatrics	9.00	7.47	5.90	1.57		
Total	33.00	28.06	44.36	-16.30		
RUTLAND		# PRACTICES:	14.00	COUNTY POPULATION:		58,672
PHYSICIAN PRIMARY CARE SPECIALTIES	# PHYSICIANS	FTE*	RECOMMENDED FTE	SHORTAGE	FM/IM SHORTAGE	
Family Medicine	15.50	13.36	19.07	-5.71	-19.70	
Internal Medicine	2.50	2.50	16.49	-13.99		
OB/GYN	6.00	6.00	5.40	0.60		
Pediatrics	7.50	7.00	6.28	0.72		
Total	31.50	28.86	47.23	-18.37		



Vermont Educational Loan Repayment Program

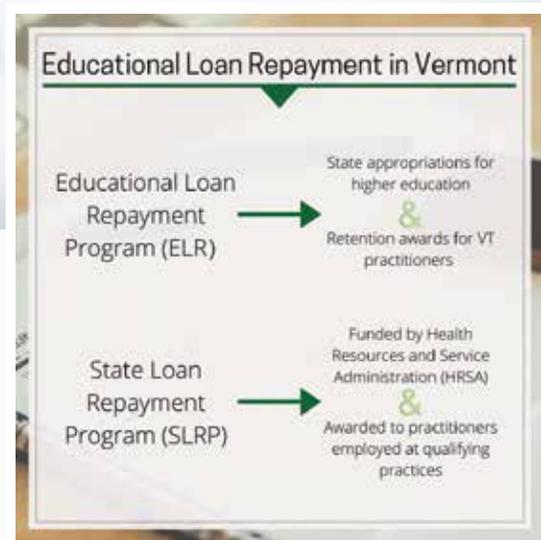
The purpose of the program is to increase access to primary healthcare in underserved communities by addressing health professional shortages through retention and recruitment of MDs/DOs, APRNs, PAs, and CNM specializing in primary care, geriatrics, and psychiatry.

Two programs benefit practitioners in our area.

Education Loan Repayment Program (ELR) is a state appropriation.

- In FY 2020 \$136,511 in ELR funding was awarded to 13 practitioners (12 retention; 1 job seeker) in Southern Vermont. The ELR funding was matched by \$132,500 in employer funds.

THE 12 RETENTION AWARDS OFFERED BY COUNTY AND HEALTH PROFESSIONAL					
COUNTY	TOTAL	MD	APRN	PA-C	CNM
Addison	3	3			
Rutland	5	1	3	1	
Windsor	3	1	1	1	
Windham	1				1



The **State Loan Repayment Program (SLRP)** is funded by a federal HRSA grant. Awardees must be employed by either an FQHC or RHC, or in a federally designated Health Professional Shortage Area (HPSA) or a Medically Underserved Community (MUC).

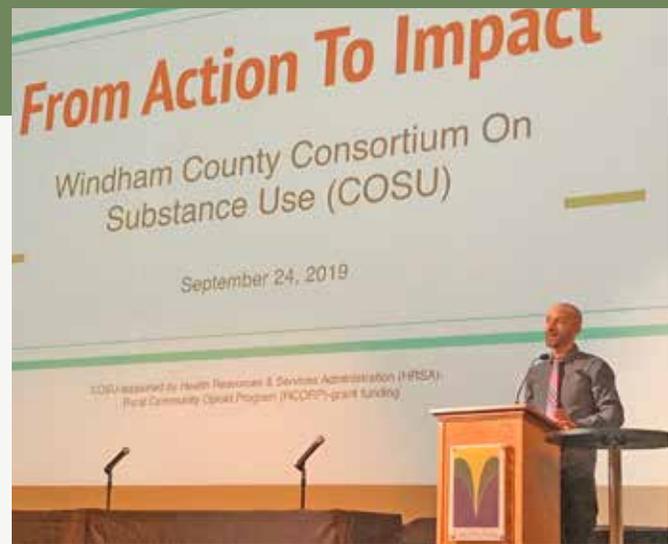
- FY 2020 was the second year of a 2-year grant. \$30,000 in SLRP was awarded to 3 practitioners in Southern Vermont. The ELR funding was matched by \$10,000 in State funding and \$30,000 in employer funds.

THE THREE SLRP AWARDS BY COUNTY AND HEALTH PROFESSIONAL			
COUNTY	TOTAL	DO	APRN
Rutland	2	1	1
Windsor	1		1

Community Engagement

Strategic Planning to Address Opioid Use Disorder

The Windham County Consortium on Substance Use (COSU) is a county-wide collaboration of 13 member organizations that work across the continuum of substance use prevention, harm reduction, treatment and recovery to address the impacts of opioid and other substance use. In FY 2019, COSU applied for and received a HRSA Rural Communities Opioid Response Program (RCORP) planning grant to carry out a year-long assessment and planning effort to create a strategic plan to strengthen its organizational and infrastructural capacity to address death and disease associated with opioid overdoses in Windham County. SVTAHEC chaired COSU's Workforce Workgroup Committee and wrote the group's Workforce Plan. Completed in September 2019, COSU's strategic plan now fuels a community-wide effort to better support those with SUD/OD.



Chad Simmons, project coordinator for the Consortium on Substance Use, speaking at the presentation of COSU's Strategic Plan to address the impacts of opioid and other substance use in Windham County, September 2019.



SVTAHEC Oral Health Projects, 2019-2020

SVTAHEC is a member of multiple oral health coalitions throughout its AHEC region and the state. These coalitions are

busy serving people with oral health needs and always raising funds to continue to finance these projects.

SVTAHEC chairs the Rural Oral Health Access (ROHA), a coalition formed under the Springfield Medical Care Systems (SMCS) umbrella. Representatives from Grace Cottage Hospital and the Stratton Mountain Foundation are active participants along with community agency representatives. Initial funding from the Holt Fund provided start-up funds to hire a Registered Dental Hygienist (RDH) to serve school children within the SMCS region. The RDH works under the license and supervision of Dr. Michael Foster, DDS, Ludlow Dental Clinic. Barbara Hodgkins, RDH, served over 400 children in twenty rural schools during the past school year. This expanded work beyond SMCS was funded by the Stratton Foundation for the mountain schools. Her work with children ended on March 15 when Vermont schools closed due to COVID-19. Planning for the 2020-21 school year is moving forward, with many new safety regulations in place to guard the safety of both the children and the RDH.

United Way of Windham County led an extensive planning process and fundraising effort to establish the Windham County Dental Center. This coalition includes Brattleboro Memorial Hospital, Grace Cottage Hospital, and many community agencies including SVTAHEC. They had a soft opening in Summer 2019 and like other dental facilities closed in March 2020. They reopened in June 2020 with a client list of 1,040 patients and cannot take any new patients until they catch up!

The Greater Bennington Interfaith Community Services (GBICS) hosts the Bennington Oral Health Coalition. The Coalition is comprised of education and community agency representatives, and SVTAHEC staff. They have an RDH who provides oral health services to students at Molly Stark School. Dr. Loren Peck, DDS, a Bennington dentist is a member of the Coalition. He and his staff provide some oral health services beyond what can be accessed at the school for students with urgent needs and no dental home. Like other projects, this shut down when the schools closed.

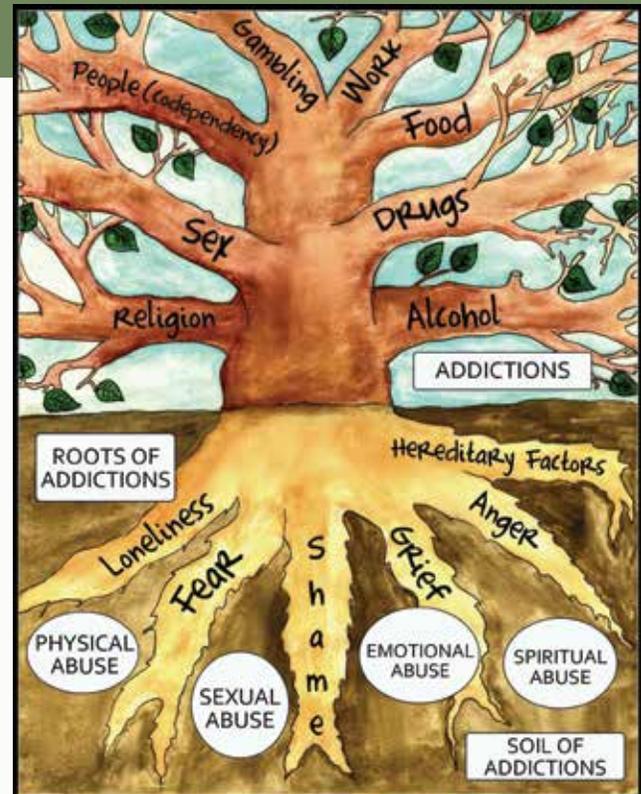
At the state level, the Vermont School-Based Oral Health Coalition has met twice a year to share information and education. The Office of Oral Health has a CDC grant that supports Vermont's Three-Tiered Approach to Providing Dental Health in Schools, a Best Practice approach to school-based oral health.

Providing training and education in support of Opioid Use Disorder Response

SVTAHEC received HRSA funding through UVM to help improve and expand access for OUD prevention, treatment, and recovery by providing targeted workforce training and development activities in the most rural underserved communities in Windham County.

In summer 2019, SVTAHEC supported a series of activities that were designed to build upon the Consortium on Substance Use (COSU) year-long planning effort, which had identified gaps in services and systems across the continuum of opioid misuse prevention, treatment, and recovery within the County. These activities included:

- **Collaborating with Turning Point Recovery Center of Windham County to train peer workers in three separate two-day “Coaching Lite” trainings held in July and August 2019 in Wilmington, Newfane and Londonderry.** These two-day intensives provided participants with the basics of what’s offered at the week-long Recovery Coach Academy. The idea is that trained peers can connect with local efforts, providing recovery supports and creating or enhancing collaborations to ensure a recovery-oriented community. The trainees came from diverse backgrounds, and many already had connections with local efforts. The training included Motivational Interviewing Techniques, the Stage of Change, Ethics and Boundaries, Post-Acute Withdrawal Syndrome, and Self-Care and Compassion Fatigue.
- **Staging “Conversations That Work: A Discussion Between People in Recovery, Health Providers and First Responders” in Londonderry and Bellows Falls.** Health providers and first responders had a back and forth discussion with people who are in recovery to gain understanding, skills, and confidence in responding to those in active use. Topics included the connection between trauma and addiction; examples of how to respond in ways that help vs. hinders recovery; the impact of stigma and new language that reduces stigma; resources in our county and the local community.



- **Holding a “Conversation on Addiction with Providers and First Responders” in Wilmington.** Geoff Kane, MD, MPH, Chief of Addiction Services at the Brattleboro Retreat, presented information and facilitated a dialogue with health providers, first responders, and community health workers about their perceptions, thoughts, and feelings about the opioid crisis, as well as the ongoing problems of addiction to other substances. Topics included addiction and brain chemistry, the science of buprenorphine, relapse, stigma, trauma and addiction.
- **Hosting the “Role of Trauma in Addiction” for community audiences in both Springfield and Bellows Falls,** included a preview of “Uprooting Addiction”, a documentary film and discussion which explores the connection between childhood trauma and addiction through personal stories and interviews with experts in the fields of trauma and addiction. Daryl McGraw, a person in recovery, who stars in the documentary, discussed adverse childhood experiences (ACEs) and the risks and vulnerability for addiction, followed by a Q&A.



Financial Report

SOUTHERN VERMONT AHEC — FY2020 SUMMARY PROFIT & LOSS STATEMENT (UNAUDITED)

REVENUE	AMOUNT
Federal and State Grants	
UVM-VT Department of Health-AHEC	\$166,667
UVM-HRSA-AHEC	131,317
Other Public and Private Grants	
UVM Medical Center Grant	75,338
UVM-Community Hospitals Grant	76,550
Foundation Grants	44,558
Grants in Support of Training Events	5,718
Other Revenue Sources	
Fundraising and Donations	2,140
Tuition and Fees	955
Interest Income	1,931
TOTAL REVENUE	\$505,174
EXPENSES	
Personnel Costs	36,5233
Direct Program Expense	66,082
Facilities Operation	41,473
Administrative Expense	31,544
Depreciation	4,499
TOTAL EXPENSE	\$508,831
Gain/Loss	-\$3,657

SOUTHERN VERMONT AHEC SUMMARY BALANCE SHEET (UNAUDITED) JUNE 30, 2020

ASSETS	AMOUNT
Checking and Savings Accounts	\$453,160
Accounts Receivable	73,317
Other Current Assets	-5,883
Furniture, Fixtures and Equipment	28,468
Other Assets	56,101
Accumulated Depreciation	-23,633
TOTAL ASSETS	\$581,530
LIABILITIES	
Current Liabilities	11,670
Long Term Liabilities	40,822
TOTAL LIABILITIES	\$52,492
EQUITY	
Temporarily Restricted Funds	310,707
Unrestricted Funds	221,988
Net Income	-3,657
TOTAL EQUITY	\$529,038
TOTAL LIABILITIES AND EQUITY	\$581,530



Board and Staff

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Windham County

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Chittenden County

Judith Flower, PsyD
Windham County

Jonathan Harris, APRN
Windham County

Sean O'Brien, PA-C
Windsor County

Kim Kurac, DO
Addison County

Priscilla Latkin, MSHCA
Rutland County

Robin Myers, DNP
Rutland County

Focus on Staff

Karen Beardsley, Finance Manager, has been with SVTAHEC for over 21 years.



While the majority of my time is spent in the office, I enjoy hearing stories or seeing pictures from the program staff about the student experiences in the MQ, AMQ and C-SHIP programs or a UVM medical student out on rotation or doing a project in one of our communities. There are occasions where we are fortunate to meet some of these students in the office. I enjoy participating in the community health teams and sharing information with others on how to improve the health and well-being of our community members.

The biggest change in programming over the years has to be as a result of the pandemic this spring. We have completely changed how we deliver programming and work in general. Our normal summer programming has gone from in-person to all remote and virtual. The staff and partners have explored options and worked hard to come up with great alternatives that still provide a positive experience for students, mentors, and our partners and program participants.

Susan White, Health Professions Resource Coordinator, is celebrating her 20th year with SVTAHEC in 2020.



I was hired full-time in the fall of 2001, after starting out part-time for a few months. My first responsibility was assisting with continuing education programs, MedQuest and the database. As Southern Vermont AHEC's programs expanded, I took on more responsibilities including coordinating student housing for medical students, and continuing education requirements for our various conferences.

Changes in AHEC programs have allowed me to stay excited and motivated. My responsibilities are changing, and I am continually learning new things. I am now developing and coordinating an internship program that didn't even exist 10 years ago.

The other equally important factor has been the great people I work with, the mission and work/life balance. Healthcare workforce development is so critical to getting and keeping people healthy, as well as vital to our economy. Making sure this workforce is representative of our population's diversity is equally imperative and I am proud that this is part of the AHEC mission. In 2020, it could not be more important and relevant.

I feel fortunate to continue to work with a great group of people doing important work.



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