Rural Health Services Task Force
UNAPPROVED DRAFT Meeting Notes
October 8, 2019

Members Present:
Robin Lunge, J.D., MHCDS, Board Member, GMCB
John Olson, Chief, State Office of Rural Health & Primary Care, VT Dept. of Health
Mike Fisher, Office of the Health Care Advocate
Dr. Melissa Volansky, MD, Stowe Family Practice, Executive Medical Director, CHSLV
Dr. Rick Barnett, Licensed Psychologist-Doctorate, Licensed Alcohol/Drug Counselor

Members on the phone:
Dan Bennett, President and CEO, Gifford Medical Center
Steve Gordon, President and CEO, Brattleboro Memorial Hospital
Jill Olson, Executive Director, VNAs of Vermont
Dillon Burns, Director, Mental Health Services of Vermont Care Partners
Tony Morgan, Executive Director, The Rutland Free Clinic
Kate Burkholder, LADC, Treatment Associates, Inc
Ena Backus, Director of Health Care Reform, AHS
Toby Howe, MMR (designee for Laura Pelosi)

Public Present: Spencer Weppler, OneCare VT; Devon Green, VP of Government Relations, VAHHS; Helen Labun, Director, Vermont Public Policy, Bi-State Primary Care; Catherine Fulton, Executive Director, VPQHC; Jennifer Kaulius, Government and Community Relations, UVMMC; Sarah Teachout, Blue Cross and Blue Shield of Vermont; Julie Tessler, Vermont Care Partners; Lucie Garand, Government Relations Manager, Downs Rachlin and Martin; Sarah Buxton, Director of Workforce Development; Carmel Ewing, Human Resources Manager, Cathedral Square; Jessica Mendizabal, Business Process Analysis, GMCB

I. Minutes
The Task Force approved minutes from the September 19th meeting.

II. Health Care Inventory Maps
As a continuation from the July 18th meeting, John Olson from the Department of Health, joined by an analyst from the Department, presented a series of maps to the Taskforce depicting inventories of health care services, including:

- Primary Care Practices
- Dental
- Emergency Medical Services
- Hospitals
- Substance Abuse Disorder
- Long-term Care
- Optometrists
- Pharmacists

John Olson discussed the federal definition of health care professional shortage area (HPSA) and the ability to draw down federal funds based on this designation. The Group discussed benchmarks for

assessing the adequacy of health care services and the challenges in depending on traditional sources. Robin asked the Group to think about benchmarking and bring back at a future meeting.

The Group generally discussed the following issues related to the maps:

- Long term care and health care provided at home: difficulty in accurately depicting an inventory for long term care and health care provided by home health agencies not represented in the maps. Taskforce member Jill Olson volunteered to propose a strategy for this mapping issue.
- Mental health and designated agencies: Taskforce member Dillon Burns provided links to recommended resources regarding an already developed mental health heat map and further recommended developing a map for designated agencies.
- Qualitative analysis: There was a recommendation for integrating qualitative analysis on the maps to provide context.

III. Social Vulnerability Index
Maria from the Department of Health reviewed the Vermont Social Index (SVI).

According to the Department of health, social vulnerability refers to the resilience of communities when responding to or recovering from threats to public health. The SVI is a planning tool to evaluate the relative social vulnerability across the state. It can be used if there is a disease outbreak or in the event of an emergency—either natural or human-caused—to identify populations that may need more help.

The SVI draws together 16 different measures of vulnerability in three different themes: socioeconomic, demographic, and housing/transportation. For every measure, the most vulnerable 10% of the population is assigned a flag. One important limitation of the SVI is that it is not weighted and was developed for response to a disaster that may be unrelated to health, for example, a hurricane. The SVI uses Us census data and is broken down into 3 main themes (16 measures):

A. Socioeconomic Vulnerability Measures

1. Poverty
2. Unemployment
3. Per capita income
4. Education
5. Health insurance

B. Population Vulnerability Measures:

6. Children
7. Elderly
8. Disability
9. Single parent
10. Minority
11. Limited English

C. Housing/Transportation Vulnerability Measures:

12. Large apt. bldgs.
13. Mobile homes
14. Crowding
15. No vehicle
16. Group quarters

The SVI may provide useful perspective when assessing the impact of a potential recommendation. For example, using SVI age measures, the Taskforce may be able to provide context for workforce recommendations relating to age. The Group identified telehealth as important context for discussing social vulnerability, for example, how telehealth could impact a population flagged for a "no vehicle" vulnerability.

IV. Next Steps

The next meeting is scheduled for October 25th in Brattleboro.