



Collective Action in Rural Communities to Promote Sustainability

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What is GUVIST?



GUVIST is a *learning network, integration incubator* and *technical assistance entity*

developing *integrated networks of care delivery*

helping service providers *operate interdependently by design*

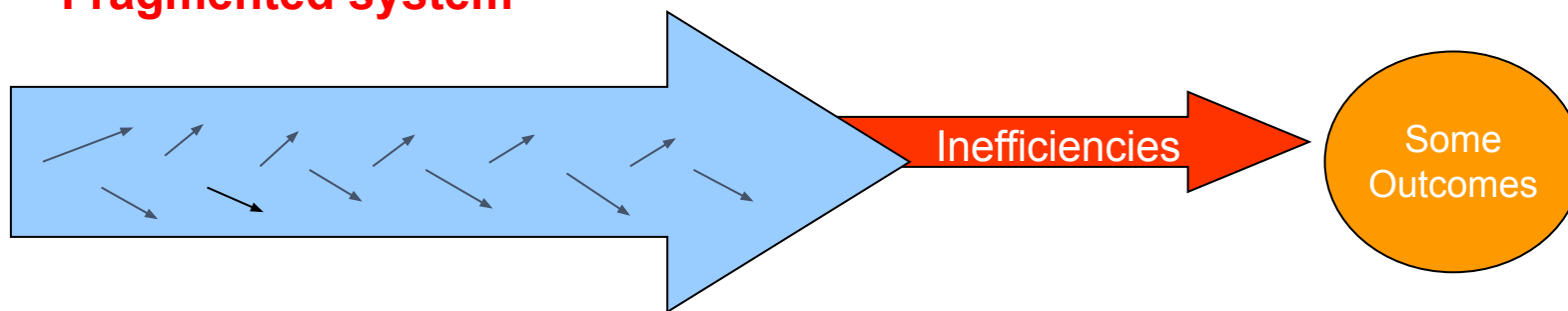
What is Collective Impact?



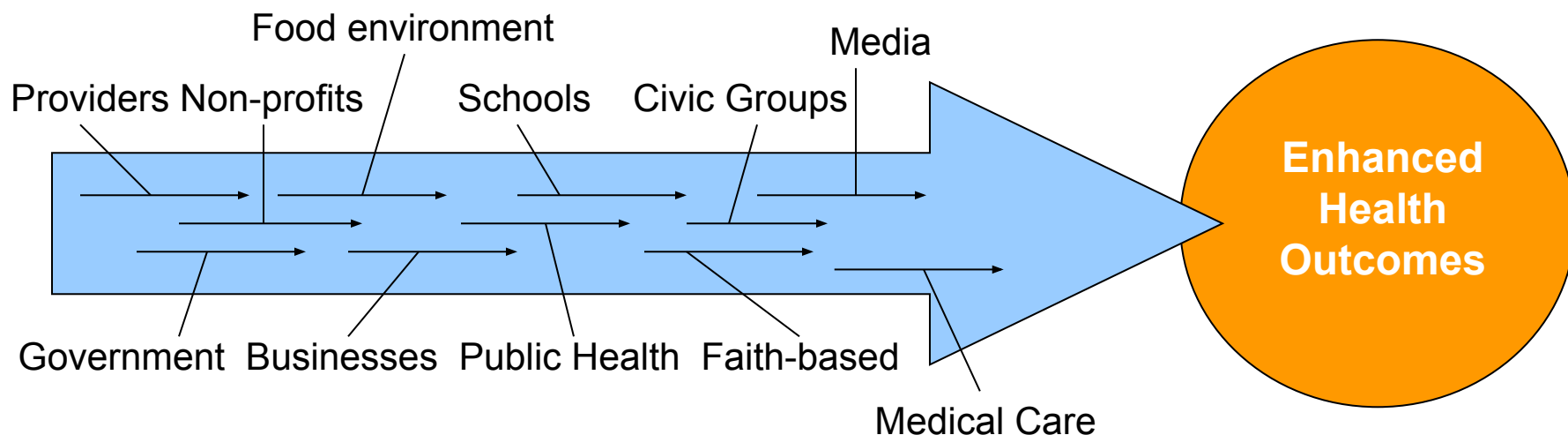
Source: Stanford Social Innovation Review

What is Integration?

Fragmented system



Integrated system



Source: Paul Epstein Results that Matter Team

The Promise for Sustainability



- Continuity of Work with a Backbone
- Amplified Impact
- Quality Improvement of Systems
- Intentionality
- Shared Accountability/Effort → Shared Success
- Efficiency, Effectiveness, Responsiveness
- Satisfaction for Staff and Community
- Organizational Trust
- Community Engagement/Co-Creation of Change
- Attractiveness to Large Funding Sources

Integration Incubation



- Fill out Proposal for Change form to describe problem to be addressed and how integration may be the solution

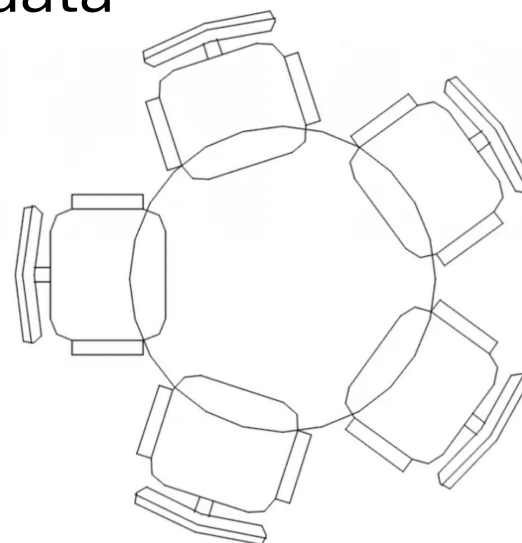


- Review and refine proposal; Executive Council approval using criteria such as clarity and feasibility

Service Delivery Network Development



- Identify and incorporate key players and atypical partners into network
- Map current landscape; clarify goals
- Synthesize and make meaning of data
- Conduct Initial Collaboration Evaluation
- Develop integration aim
- Document theory of change



Implementation Coordination



- Create logic model; Determine strategies addressing integration aim
- Make Community Engagement Plan



- Define measures of success
- Coordinate mutually reinforcing activities
- Identify and pursue funding needs

Sustainability and Evaluation



- Collect data for continuous improvement
- Plan for handoff from the Integration Catalyst
- Finalize a Project Report
- Conduct Network Collaboration Evaluation



Start with a Proposal for Change - Incubation



PROBLEM: Low rates of lead prevention screening in VT (and presumably in NH), different routes of lead test result reporting from providers to the VT lead registry, relatively high rates of young children with detectable lead levels, and little in coordinated effort to address any of these risks to health.



Proposal for Change for Lead Prevention and Screening

Define the Population

Choose GUVIST Service Sector(s) or Service Recipient(s) impacted:

Communications/Transportation **Public Health** State Agency Schools Alcohol and Drug Use

Mental Health Disability Rights Community Health Center Senior Services

Municipalities/Local Leadership Housing Food Security **Early Childhood** Other

Catchment Area:

The Problem and Opportunity

How would you describe the current state of service delivery? Low rates of lead prevention screening in VT (and presumably in NH), different routes of lead test result reporting from providers to the VT lead registry, and relatively high rates of young children with detectable lead levels. Little in coordinated effort to address any of these risks to health.

What quantitative or qualitative data tells us there is a problem? Approximately 4% of VT children ages 1-2 have levels above 5 micrograms per deciliter on screening while 17% had some detectable lead (no amount of lead is safe in children) and approximately 23% of children ages 1 and 2 have not yet been screened, so this is a significant public health concern (sources: VT Lead Testing Registry data and CDC Lead reporting).

Why has the current system not solved this problem? Lack of coordination amongst various stakeholders especially across state lines (VT and NH) with differing agency policies and approaches

Who are you already working with on this issue? Are they aware of the proposal? Existing: VT WIC, Little Rivers Healthcare, VT Healthy Homes Lead Prevention Program, Public Health Council of the Upper Valley, VT Lead Testing Registry, NH DHHS (only for Happy, Healthy, Lead-Free Me! board books).

How do you currently work together (i.e. administratively, financially, staffing, communication)? Partners work independently with little collective action in outreach or education of the population, not consistent in analyzing data nor making data-informed strategic or tactical decisions, no systematic assisting practices with apparent low rates of screening,

Who else should be included? Who Else: Other pediatric care providers VT and NH, NH WIC, NH Lead Testing Registry, social service agencies and pre-school care providers who interface with families of young children even agencies that reach grandparents like Senior Solutions, local media, landlords, New American Resettlement Agencies

Do you know of any organizations who are not open to change? No

Integration Plan

What is a radical change to the system that would meet the need? Stakeholder making a commitment to a Collective Impact approach with coordination of messaging about importance of testing to families, continued engagement of landlords to enhance safety of their properties. Improving results capture by either state's lead registry when sample obtained in the other state, shared goals, measures and accountability shared by all entities, QI support to provider practices with low screening rates

Describe a service delivery experience as you would like to see it happen. What would integration look like for the system and for a community member? Again Collective Impact – All partners would have shared goals of increased screening of children and lower poisoning rates, communication and education would be consistent and targeted, data would be used to identify need and track improvements, and the activities undertaken would be intentionally and mutually reinforcing. Families would know the healthiest path of action for their children and would be accepting of recommendations

How have you engaged those with lived experience and how do you plan to? WIC nutritionists discuss required testing a 1 and 2 years, talk with families about results, seek to understand why some families delay or decline testing, and discuss specific nutrients and connections to other VDH programs and Healthy Homes resources; Get feedback from families about an informational children's board book called Happy, Healthy, Lead-Free Me!

Organizations Committed to Change

VDH, VT WIC, VT Healthy Homes - Rudy Fedrizzi (VDH District Director) and Holly Riccitelli (VT WIC and Healthy Homes Designee)

Organization Name, Title

Little Rivers Healthcare - Ashleen Buchanan (Program and Grants Manager)

Organization Name, Title

Public Health Council of Upper Valley - Alice Ely (Executive Director)

Organization Name, Title

Also, VNA/VNH of VT and NH - Stephanie Mozzer (Director Maternal Child health)

Convened Partners – Network Development



Core Partners:

GUVIST (backbone)

White River Junction District Office, VT Department of Health

VT Women, Infants and Children Program (WIC)

Public Health Council of the Upper Valley

Little Rivers Health Care (FQHC) and Gifford Health Care

Partners Added Over Time:

NH WIC

NH Lead Prevention Program

VT Lead Prevention/Healthy Homes Program

Vermont Child Health Improvement Program

University of Vermont Undergraduate/Southern VT AHEC Intern

Initial Data – Make Meaning of Data



29% of
VT kids in
the WRJ
District
testing
positive
for some
exposure
to Lead

Positive Lead Testing Trends in WRJ District by Year						
	Year	Not detected	detect to 3.4	3.5 to 4.9	5 plus	Total
WRJ DC	2020	541	77	33	24	675
	2021	486	90	32	25	633
	2022	471	139	33	20	663
State	2020	7064	546	574	397	8581
	2021	6923	582	370	385	8260
	2022	6780	809	385	366	8340
	Year	Not detected	detect to 3.4	3.5 to 4.9	5 plus	Total
WRJ DC	2020	80.1%	11.4%	4.9%	4.9%	675
WRJ DC	2021	76.8%	14.2%	5.1%	3.9%	633
WRJ DC	2022	71.0%	21.0%	5.0%	3.0%	663
State	2020	82.3%	6.4%	6.7%	4.6%	8581
State	2021	83.8%	7.0%	4.5%	4.7%	8260
State	2022	81.3%	9.7%	4.6%	4.4%	8340

Initial Action – Implementation Coordination



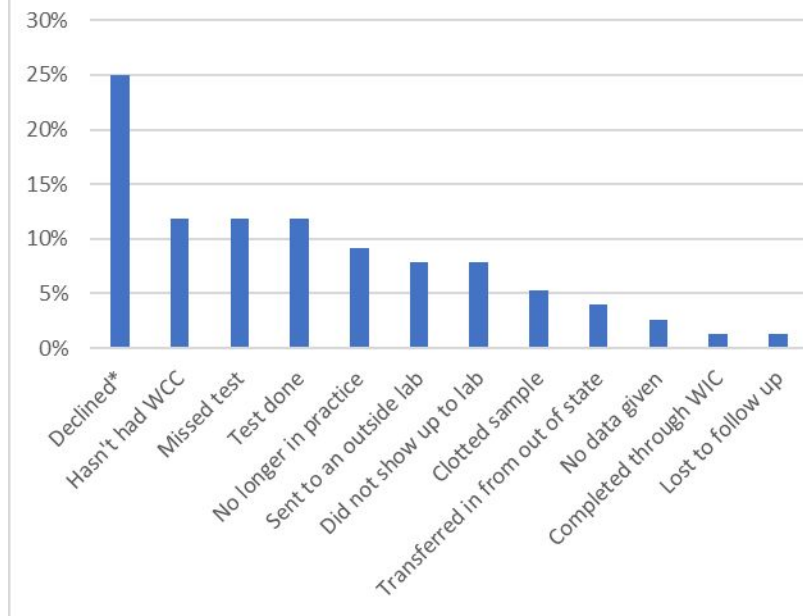
WRJ District Lead Overdue Data

Date	1 year olds overdue	% 1 year olds overdue	2 year olds over due	Percent 2 year olds overdue	Combined 1 and 2 year olds overdue	Total Children in District	% Combined Children Overdue
Feb-24	34	11%	67	21%	101	626	16%

UVM student intern worked with every VT practice in our district to understand the reasons for all 101 children that appeared untested

Next actions – Addressing the barriers we uncovered

Reasons for Untested Children



Early Results - Evaluation



WRJ District Lead Overdue Data

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Feb-24	34	11%	67	21%	101	626	16%
Mar-24	36	12%	60	18%	96	629	15%
Apr-24	37	12%	59	18%	96	633	15%
May-24	36	12%	53	16%	89	632	14%
Jun-24	40	13%	56	17%	96	629	15%
Jul-24	35	12%	54	17%	89	624	14%
Aug-24	35	12%	49	15%	84	620	14%
Sep-24	26	10%	48	15%	74	602	12%

Next Steps for Sustained Impact



- **Systems Change** - Working with VT Lead Program to fix reporting breakdowns
- **Organizational Trust** - Leveraging stronger relationships with provider practices
- **Efficiency, Effectiveness, Responsiveness** - Working with VCHIP to ensure best-practices by providers
- **Community Engagement/Co-Creation of Change** - Raise Awareness, especially in communities with greatest burden of lead exposure
- **Amplified Impact** - Extending this work to NH practices

Contact Us



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