FamilyCare Health

Making a Difference in Community Determinants of Health and Equity

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PRESENTATION OVERVIEW

1. Shared learning objectives
2. Population Health links community determinants of health and equity
3. Operationalizing connections to community at FamilyCare
4. Strategic Community Partnerships
5. Impacting health outcomes
6. Conclusion and recommendations

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LEARNING OBJECTIVES

- Learn new ways to integrate addressing community determinants
- Gain insight in how to develop, grow and maximize the potential of community partnerships
- Be inspired to integrate an equity focus and address health disparities
- Learn new tools and ideas to overcome barriers
- Learn how to develop meaningful ways to invest in the community to create impact for improved health

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FAMILYCARE HEALTH

Our Mission

Creating Healthy Individuals through Innovative Systems

Our Values

Integrity, innovation, and leadership are fundamental to everything we do.

Family physicians are the foundation in building a caring, efficient healthcare system in cooperation with specialists and other providers.

Quality relationships among patient, provider, and employees are based on commitment, trust, respect, and communication.

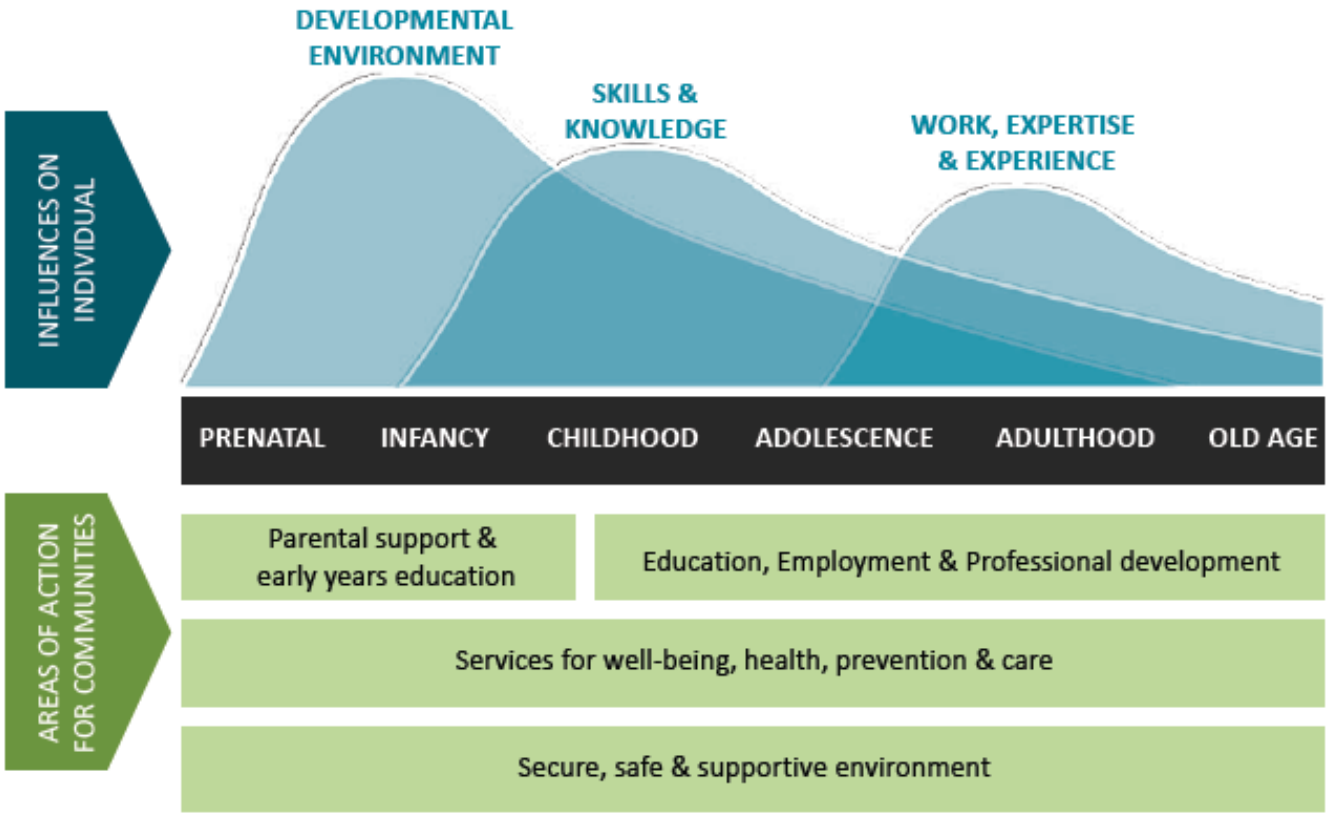
Information and education empower both the patient and provider to make responsible healthcare decisions.

Medical decisions are best made between the patient and provider.

Osteopathic medicine creates opportunities for innovation in health care.

Our employees' well-being and professional development are essential to our success.

Population Health: Life Course Approach



"Influences and actions along the life course"; model inspired by Fair Society, Healthy Lives

https://mentorthinks.files.wordpress.com/2012/11/life-course.png

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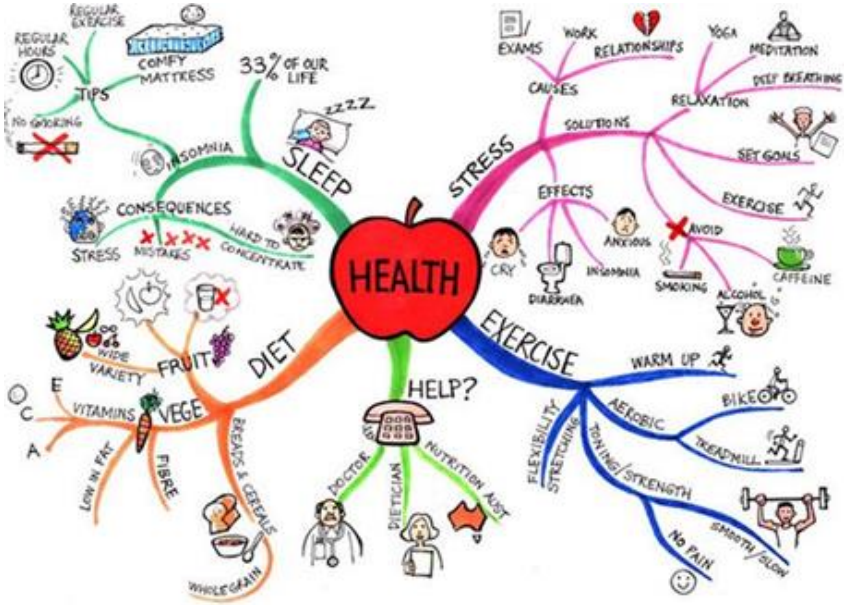
Population Health: Equity-Focused and Trauma-Informed



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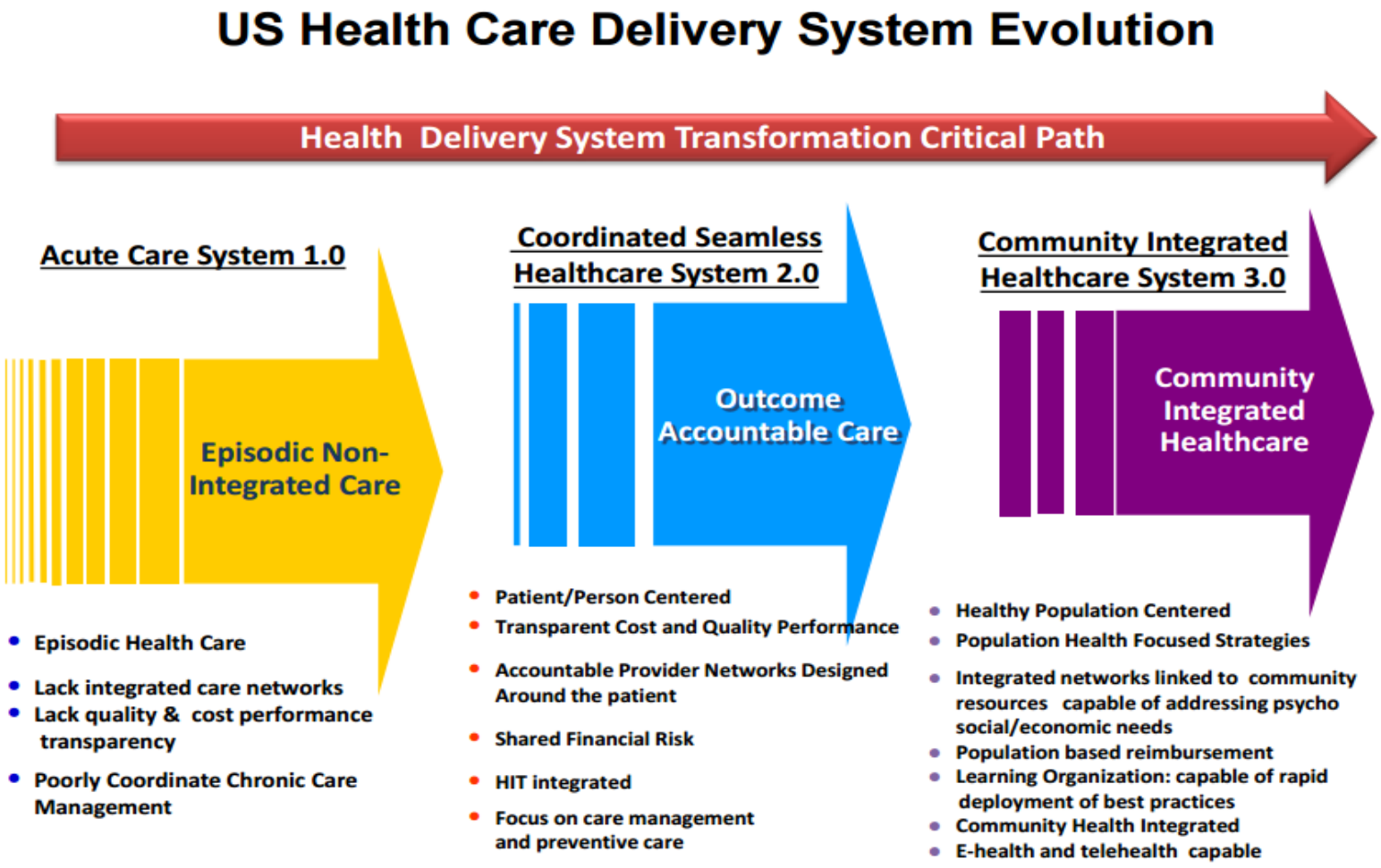
Innovation in Context



LANGUAGE MATTERS

When we say “community determinants of health and equity” we are part of efforts that:

- Acknowledge differences in the quality of care received in the health care system
- Situate the health care system as a determinant of health and equity
- Center the causes of differences in life opportunities and issues that result in differences in underlying health status
- Think beyond individual behavior change
- Requires intervention on community-level structures and attention to systems of power as a result of acknowledging inequities

Jones CP et al. Addressing the Social Determinants of Health and Equity, 2009

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FAMILYCARE'S OPERATIONAL STRUCTURE TO ADDRESS COMMUNITY DETERMINANTS

Patient-Provider Oriented Resource Teams

One number. One team. One call.

- Navigation Services
- Service Coordination
- Referrals and Authorizations
- Pharmacy
- Provider Relations
- Care Coordination

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FAMILYCARE'S OPERATIONAL STRUCTURE TO ADDRESS COMMUNITY DETERMINANTS

Coordinate Member Services & Navigation:

- Navigation staff trained to "listen" for issues and refer to service coordination
- Welcome calls
- Health Risk Assessments (HRA)
- Coordinate services and transitions
- Interpreter services
- Provider connections
- Transportation to medical appointments

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FAMILYCARE'S OPERATIONAL STRUCTURE TO ADDRESS COMMUNITY DETERMINANTS

Service Coordination and Care Coordination:

- Completes a community determinants of health assessment
- Connects members to community resources and programs, such as the Diabetes Prevention Program or culturally-specific services
- Connects members to internal resources
- Administers flexible services

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IDENTIFYING AND UNDERSTANDING NEEDS

Community Determinant Findings from 1800 Assessments:

- 24% have transportation challenges
- 26% worry about having enough food
- 15% are homeless, another 23% worry about paying rent
- 11% have legal issues
- 23% feel isolated
- 12% fear for their family's safety

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POPULATION HEALTH & COMMUNITY BENEFIT INVESTMENTS

- Strategic community partnerships
- Community investments
  - Housing Services
  - Food Security
  - Job Training
  - Traditional Health Workers
  - Healthy Communities
  - Education
  - Access to Care

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IDENTIFYING CORE NEEDS

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STRATEGIC COMMUNITY PARTNERSHIPS

Over 12.5 million of investments into community innovations by FamilyCare Health and the Heatherington Foundation in 2015-2016:

- Housing with services
- Food security
- Culturally-specific programs
- Job training
- Education
- Access to care
- Healthy communities
- Traditional health workers

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INVESTING IN COMMUNITY-BASED PARTNERSHIPS

Latino Network: Healthy Together Project has a **Early Childhood Community Health Worker**

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COMMUNITY HEALTH WORKERS IN HEALTHCARE SETTINGS

Rosewood Family Health Center employs Community Health Workers to implement Social Determinants of Health (SDoH) screening

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PEER SUPPORT SPECIALIST

NW Family Services' (NWFS) Bridging the Gaps Between the Health Serving and Latino Communities Program utilizing both **Community Health Workers** and **Peer Support Specialists**

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DOULA CBO PARTNERSHIP

Black Parent Initiative (BPI):
Sacred Roots Community Doula Program

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DOULA CBO PARTNERSHIP

FCH and Black Parent Initiative (BPI) have partnered to create BPI's Sacred Roots Community Doula Program.

- The first community-based, culturally-specific, doula program reimbursed by a Coordinated Care Organization (CCO)
- A two-year demonstration project (contracted partnership)
- Explore how CCOs and community-based organizations can improve birth outcomes for African American and African immigrant women by offering culturally specific doula services.
- A doula will be present throughout a member's pregnancy, birth event, and postpartum period of care.
- A doula will attend an early prenatal appointment to connect and provide contact information with the treating provider. This will help bridge the gap between clinical and community.

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IMPACTING HEALTH OUTCOMES

We know that multiple variables impact the use of health care and services that can lead to what we want to avoid – unnecessary and avoidable hospital and ED admissions.

- Resources aren't distributed evenly across the tri-county region, so we see variation geographically
- Communities of color, immigrants/refugees, and other communities such as LGBTQI and people living with disability need to be included and centered in our efforts
- Getting basic needs met has to be part of meeting health goals

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IMPACTING HEALTH OUTCOMES

FamilyCare Health's Population Health framework

- Incorporates community determinants of health and equity into analysis and intervention design (i.e., trauma-informed, equity-focused tobacco strategy)
- Analyzes member data to identify subpopulations experiencing disparate outcomes, and prioritizes interventions among these groups
- Locates our activities in three distinct areas of operational innovations, community-clinical partnerships, and community-wide efforts.

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CONCLUSION AND RECOMMENDATIONS

1. Train and educate your staff teams on community determinants and health equity
2. Become a trauma-informed organization to expand and grow your CCO's capabilities and competencies
3. Analyze member data using multiple sources, including community-identified needs and other non-clinical data
4. Align Community Benefit or grant program with operational priorities to maximize impact
5. Engage community partners closely in program design and evaluation for continuous improvement and support.

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