

A photograph of five children running across a grassy field towards a line of trees with autumn foliage. The scene is captured from behind the children, showing their shadows on the grass. The trees in the background have yellow and orange leaves, and a basketball hoop is visible in the distance.

# Healthy Neighborhoods Learning Exchange Session

*Partnering with Healthcare to Advance Place-based Work*

## Presenters:

Linda Kinney, Deputy Executive Director, Care Share Health Alliance

Rosa Agosto and Yneska Guerrero, Urban Health Plan

## Facilitator:

Danielle Sherman, ALBD

March 1, 2017

# WebEx Platform

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Event Info

 Participants

 Chat

 Q&A

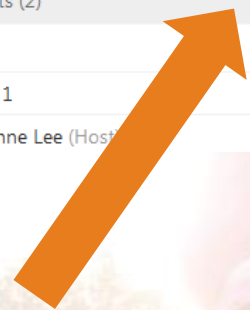
▼ Participants (2)

Speaking:

▼ Panelists: 1



Joanne Lee (Host)



## Healthy Neighborhoods Learning Exchange Session

- Direct technical support: 1-866-569-3239
- Muting Audio – please be aware of:
  - Whether your phone system plays music while on mute/hold
  - Minimizing background noise
- Chat Box



## Principles

Support networking and collaborative learning

- Co-development
- Shared leadership and organizing
- Self-reliant
- Inclusive
- Flexible

## Agenda

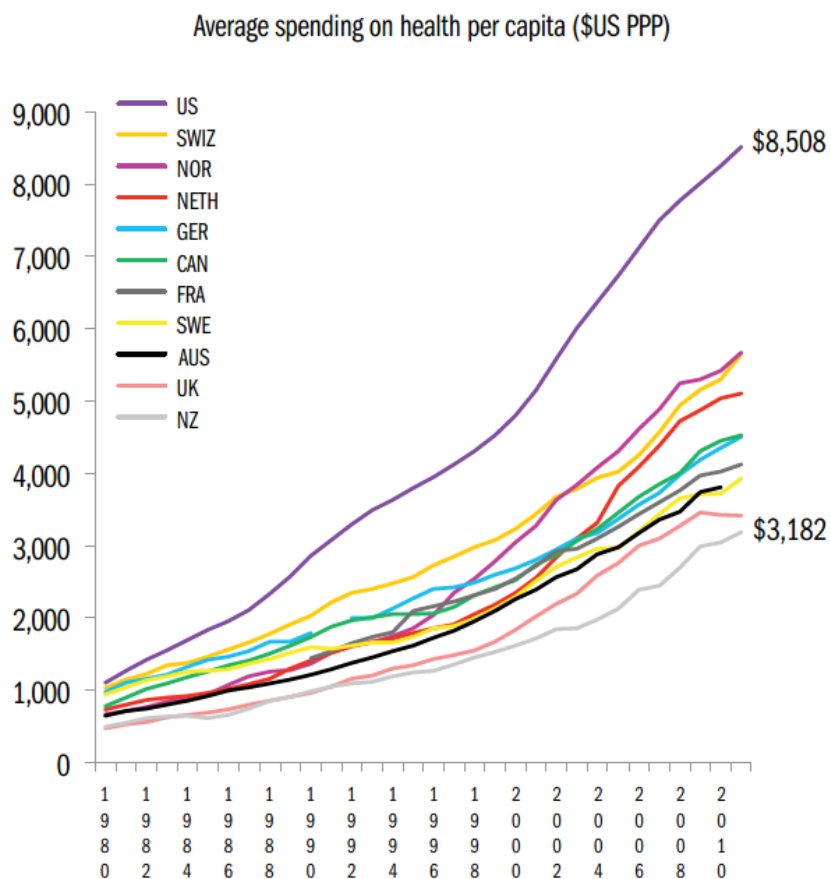
- I. Welcome and Introductions
- II. Context: Partnering with Healthcare
- III. UHP's Community / Clinical Initiatives
- IV. Discussion and Cross-site Sharing
- V. Next Steps and Wrap-up

# Healthcare and SDOH

## Driving forces

- Increasing healthcare expenditures
- Outcomes not keeping pace with spending
- Increasing rates of chronic disease, especially diabetes and obesity
- Research on the impact of social determinants of health
- Affordable Care Act
- Philanthropy moving with the trend

# Increasing Costs



Note: \$US PPP = purchasing power parity.

Source: Organization for Economic Cooperation and Development, OECD Health Data, 2013 (Paris: OECD, Nov. 2013)

# Affordable Care Act

- Access to healthcare – health insurance
- Funding for– preventive screenings, education, and infrastructure
- Health systems required to demonstrate community benefit in a new way – Community Health Needs Assessment
- Payment reform – testing new models of care – FFS to value based

# ACA Payment Reform

**Pay for Performance** – incentives to achieve outcomes

**Accountable Care Organizations (ACO)** – collaborate for patient population health by working across groups of doctors, hospitals, and other health care

**Community Health Needs Assessments (CHNA)** – hospitals explicitly and publicly demonstrate community benefit by conducting a community health needs assessment (CHNA) and adopting an implementation strategy to meet the identified community health needs.

**Accountable Care Community (ACC)** – collaborative, integrated, and measurable strategy that emphasizes shared responsibility for the health of the community, including health promotion and disease prevention, access to quality services, and healthcare delivery. Improving the health of an entire population of a defined geographic region. Not defined by payer.

**Accountable Health Community (AHC)**– Screening patient for social determinants of health barriers and connecting them to services. Measuring the impact on cost, health and quality.

# Healthcare and SDOH – Challenges

- Perspective – healthcare treats people one by one in their clinic/facility
- Training – fix the problem now
- Tools – visits, surgeries, Rx, diagnostics
- Population health – patient population or service area (market share)
- Control – health systems are used to running initiatives & programs
- Data & outcomes – immediate feedback
- Financing – FFS – illness and visits drive revenue

# Community Centered Health NC

- Engaging healthcare in community level prevention
  - Healthcare partners with community based organizations & community residents
  - Cross sector partnering – not just health
  - In three communities in NC – Greensboro, Asheville, and Gastonia
  - Improve specific health outcome(s) with a specific population (geographic)
-

# Community Centered Health NC

- Asheville –
  - Based in OB/Gyn division of Mountain Area Health Education Center
  - Focused on an African American neighborhood and Latino neighborhood
  - Health condition – Infant mortality
- Gastonia – Healthier Highland
  - Based in an FQHC
  - Centered in the Highland Community – historically African American neighborhood
  - Health condition – obesity & smoking
- Greensboro
  - Based in a community clinic – free/charitable clinic
  - Centered in the Cottage Grove Community – historically African American neighborhood
  - Health condition – asthma & diabetes

# Lessons Learned

- Healthcare has limited relationships with community based organizations
- Even fewer relationships with community residents
- Start with community engagement – build that voice and presence first
- Moving decision making power to community challenges healthcare systems

# Lessons Learned

- Expect to repeat your community level prevention message many times
- Challenging to ask providers for time outside of the clinic
- Work with both providers & the clinic operations
- Healthcare wants to see data, outcomes and potential revenue or cost avoidance before they'll invest

# Early Success

- Asheville
  - Decision making includes community residents
  - Opportunity for workforce development and training of future healthcare leaders
- Gastonia
  - Strong community voice and momentum
  - Clinic has new awareness of perception in the community
  - New relationships with city leadership and planning department
- Greensboro
  - Demonstrated reduced asthma severity with improved housing
  - New connections with city and academic centers
  - Community decision making

# How to Engage Healthcare in Your Work

- Approach as a coalition of community based organizations – more voices will help
- Include city, county leaders, academic centers AND community residents
- Invite healthcare to your table with a specific role
- Be specific about what health conditions you can help improve and how you will do it
- Use evidence based, best practices and data or examples of success to make your point

# How to Engage Healthcare in Your Work

- Find a physician/provider as a champion to help you navigate into the health system
- Look at the community health needs assessment – how does your work align with those priorities?
- Propose a pilot program to demonstrate the improvement
- Care transitions and reducing ED utilization are high priorities for health systems
- Ask healthcare to partner on a grant

# Philanthropic Initiatives

**BUILD** – Advance new models for improving community health and health equity. Beaumont, Colorado, Kresge Foundations. <http://www.buildhealthchallenge.org/about/>

**AHEAD** – Alignment for Health Equity and Development (AHEAD) – Public Health Institute, Kresge, Reinvestment Fund. <http://www.phi.org/uploads/files/AHEAD%20-%20Opportunity.pdf>

**SCALE** – Communities hold the solutions to improve their health – RWJ, IHI, CJA. <http://www.ihl.org/Engage/Initiatives/100MillionHealthierLives/Pages/SCALEInitiative.aspx>

**RWJ** – Social Determinants, Culture of Health, Clinical Community connections. <http://www.rwjf.org/>

**Community Centered Health** – Engaging healthcare providers in community level prevention. [http://www.bcbsncfoundation.org/community-centered\\_health\\_homes/](http://www.bcbsncfoundation.org/community-centered_health_homes/)



For more information, contact:

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# Health Equity

Rosa Agosto and Yineska Guerrero

# One View of our Community

## South Bronx

- 73% Hispanic/Latino, 24% Black, 1% Asian, 1% White and 1% Other
- 45% live below poverty level
- 47% of residents are younger than 24 years of age
- 1 in 4 adults are obese
- Asthma hospitalization rate and Teen birth rate higher than NYC overall

## Corona, Queens

- 52.4% Hispanic/Latino, 37.8% Asian, 4.5% European, 3.1% Caribbean, non Hispanic, 2.1% African and 0.1% Other
- 59% born outside of the US
- Nearly one fifth living below poverty level
- 1 in 5 adults obese
- Teen birth rate higher than Queens overall

# Urban Health Plan by the Numbers

A network of federally qualified community health centers located in the Bronx, Queens and Manhattan

- ❑ 25 Sites
- ❑ 845 Associates
- ❑ 374,831 Patient Visits
- ❑ 78,816 Patients
- ❑ 5,000 + Community Residents (non-patients)



# Mission

Urban Health Plan's mission is to continuously improve the health of communities and the quality of life of the people we serve by providing affordable, comprehensive, quality, primary and specialty health care and by assuring the performance and advancement of innovative best practices.



# Some Highlights

1974 - Founded by Dr. Richard Izquierdo

1988 - Paloma Hernandez promoted to Executive Director / 1996: Appointed President & Chief Executive Officer

2006

- ▶ Awarded National Exemplary Award from the United States Environmental Protection Agency for UHP's asthma management program

2009

- ▶ Nicholas E. Davies Award for Excellence from the Health Information Management Systems Society
- ▶ Awarded Level 3 recognition as a Physician Practice Connections – Patient-Centered Medical Home (PPC\_PCMH) from the National Committee for Quality Assurance (NCQA)

2013

- ▶ Awarded NYC Business Innovation Challenge Grant for effecting income mobility for our associates and community
- ▶ Gold Award (Brandon Hall) for Excellence in OnBoarding (Talent)

2015

- ▶ Selected for the White House UpSkill America Summit for its commitment to our frontline workforce
- ▶ Frontline Health Care Worker Champion Award by the National Fund for Workforce Solutions

2016

National Environmental Leadership Award from United States Environmental Protection Agency (EPA) for asthma management program.



# Clinical Services

- ▶ Adult Medicine
- ▶ Adolescence
- ▶ Pediatrics
- ▶ Obstetrics
- ▶ Gynecology
- ▶ Cardiology
- ▶ Pulmonary Medicine
- ▶ Podiatry
- ▶ Endocrinology
- ▶ Gastroenterology
- ▶ Nephrology
- ▶ Rheumatology
- ▶ Ophthalmology
- ▶ Physiatrist
- ▶ Psychiatry
- ▶ Rheumatology
- ▶ Allergy & Immunology
- ▶ Surgery
- ▶ Diagnostic & Testing

# **Social & Human Services Education & Research**

- ▶ Health Education
- ▶ Health Literacy
- ▶ Diversity
- ▶ Social Services
- ▶ Case Management
- ▶ Care Coordination
- ▶ Community Based Research

# Community Programs Education

- ▶ Women, Infant & Children (WIC) Nutrition
- ▶ Maternal, Infant, Children Health Collaborative
- ▶ Adolescent Pregnancy Prevention
- ▶ Youth Development
- ▶ Internships
- ▶ Community Development
- ▶ Workforce Development
- ▶ 6-12 Grade Health & Science Charter School
- ▶ Community Food Programs
- ▶ Shop Healthy Bronx
- ▶ Healthy Livable Communities
- ▶ Mercado
- ▶ Shop Healthy, Eat Healthy, Be Healthy

For more information, contact:

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# Discussion

*What were some of the opportunities and challenges you have faced when getting started?*

*Shelley Hirshberg,  
Niagara Falls*



# Discussion

*How do you engage healthcare agencies in place-based work?*

Karen Derusha,  
Clinton County

*What are concrete steps that organizations can take to establish relationships with healthcare companies? What happens at the first meeting?*

Mac Levine,  
East Harlem



# Discussion

*How can community benefit investments support place-based health promotion?*

Kimberly Libman,  
East Harlem



# Discussion

*How do you apply public space management to community-wide health issues?*

Laura Hansen,  
Horticultural Society of New York

A group of five children are playing soccer on a grassy field in a park. The children are seen from behind, running towards a blue ball. The field is surrounded by trees with autumn foliage. The sun is low in the sky, creating a warm, golden light and long shadows on the grass. A basketball hoop is visible in the background among the trees.

## Discussion

*What will the ACA changes (or repeal) mean for health care provider's prevention efforts? Without the mandate will they continue this trend towards place-based collaboration?*

Dwayne Wharton,  
The Food Trust



# Discussion

*How do you incorporate cultural differences in the approach for social determinants of health and healthcare?*

Beth Machnica,  
Buffalo Niagra Medical Campus



## Next Steps:

- *Interest in continuing learning, cross-site sharing and collaboration on this topic?*
- *Interest in a next session?*
  - *Topic(s)*
  - *Date and time*
  - *Facilitator(s)*

Healthy Neighborhoods Learning Collaborative resources:  
<http://activelivingbydesign.org/healthy-neighborhoods-fund-learning-collaborative-2/>

# We Want Your Feedback!



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Joanne Lee (Hos



Healthy Neighborhoods  
Learning Exchange Session

*Please share your feedback using the chat box:*

*Type “+” and identify what worked well today*

*Type “-” and identify what could be improved*

**THANK YOU!!**

