

Healthy Neighborhoods Learning Exchange Session: PARTNERING WITH HEALTHCARE TO ADVANCE PLACE-BASED WORK

March 1, 2017; 10:00-11:00 a.m.

Resources Shared and Next Steps

Presenters:

Linda Kinney, Care Share Health Alliance, Deputy Executive Director, lkinney@caresharehealth.org
Rosa Agosto, Urban Health Plan, Rosa.Agosto@urbanhealthplan.org
Yineska Guerrero, Urban Health Plan, Yineska.Guerrero@urbanhealthplan.org

Facilitator:

Danielle Sherman, ALBD, Project Manager, Danielle_sherman@activelivingbydesign.org

Participants:

Nupur Chaudhury, New York State Health Foundation, Program Officer, chaudhury@nyshealth.org
Karen Derusha, Clinton County, Supervising Public Health Educator,
karen.derusha@clintoncountygov.com
Kathleen Ferrall, New York City, Capacity Building Associate of the Neighborhood Plaza Program,
kferrall@thehort.org
Hannah Fleisher, Two Bridges, Manager of Planning Projects, hannah@twobridges.org
Laura Hansen, New York City, Managing Director of the Neighborhood Plaza Program,
lhansen@thehort.org
Shelley Hirshberg, Niagara Falls, Board Chair, sbh7274@gmail.com
Mac Levine, East Harlem, Executive Director, mhadalittlelamb813@gmail.com
Kimberly Libman, East Harlem, Director for Prevention and Community Development,
klibman@nyam.org
Beth Machnica, Buffalo, Healthy Communities Catalyst of the Buffalo Niagara Medical Campus,
emachnica@bnmc.org
Sarah Obot, Niagara Falls, Program Director, sarah.obot@nfmcc.org
Ruth Santana, Hunts Point, Wellness Coordinator, ruth.santana@urbanhealthplan.org
Dwayne Wharton, Philadelphia, Director of External Affairs of The Food Trust,
dwharton@thefoodtrust.org
Joanne Lee, ALBD, Collaborative Learning Director, joanne_lee@activelivingbydesign.org
Phil Bors, ALBD Technical Assistance Director, phil_bors@activelivingbydesign.org

Resources Shared:

Care Share Health Alliance, Linda Kinney

- Care Share Health Alliance: <https://www.caresharehealth.org/>
- Community Centered Health in North Carolina (supported by Blue Cross Blue Shields of North Carolina Foundation) <http://activelivingbydesign.org/project/blue-cross-blue-shield-of-north-carolina-foundation-community-centered-health-homes/>
- 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>
- RWJF – 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/

Urban Health Plan, Rosa Agosto and Yineska Guerrero

- Urban Health Plan: <https://www.urbanhealthplan.org/>

Discussion Questions Addressed After the Live Session:

1) *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?*

Linda Kinney:

Much of the place based/SDOH work is likely to continue even if the ACA is repealed. The major focus on the repeal is around the health insurance component which impact access to healthcare the most. The other components may stay in place and many of these components have been in place long enough that the system has already begun shifting. This is particularly true for payment reform which is moving to value and outcomes. Healthcare has done as much as they can around prevention in the healthcare setting and they know that if they want to see better outcomes and cost savings they have to look in new places, like the community. Both federal and private philanthropy is moving to place based initiatives and are likely to continue regardless of the ACA changes.

On a provider level, there is a lot of momentum in asking about SDOH in the healthcare setting, providers are now asking about housing, food, safety. Many of these questions have been integrated into electronic medical record systems and once they are integrated into a system, there is momentum. A challenge providers and clinics face when asking these questions is having a referral source for SDOH. Providers want to fix the problem now, so they want to have a place to refer their patients. When there aren't resource available in a community for a referral there is potential to engage healthcare in developing those resources. I think community based organizations can help solve this problem for healthcare.

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

Rosa Agosto and Yineska Guerrero:

It's about being culturally competent and culturally humble, an approach to the work (to life, actually) itself. I think this is best discussed in person, a written answer would be too long. Please feel free to contact us directly so we can talk – I can also have our Diversity Specialist available for a conversation.

Linda Kinney:

Using medical interpreters, community health workers, and hiring from the community are a few ways to incorporate cultural differences in the work. Interpreters many times help bridge cultural differences in addition to the language. Community health workers who are from the community they are working in and hiring from that community extend this bridging.

There are also trainings on implicit bias and cultural competency that can help. These trainings may not explain the cultural differences but can help surface any bias or prejudice that may be getting in the way of care and addressing needs. These trainings can help reframe healthcare providers' and staff reaction to cultural differences leading to better care.