American Hospital Association™

Advancing Health in America

Prioritizing Community Health to Achieve Health Equity

December 18, 2018 12:00PM – 1:00PM CT

Presenter: Rita Carreón

Presenter: Jillian Warriner, MPH

Institute for Diversity and Health Equity™

An affiliate of the American Hospital Association

Prioritizing Community Health to Achieve Health Equity

Presenter

Rita Carreón
Deputy Vice President, Health
UnidosUS

Presenter

Jillian Warriner, MPH
Manager, Community Benefit and
Health Improvement
Sharp HealthCare

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UNIDOSUS

STRONGER COMMUNITIES. STRONGER AMERICA.

Prioritizing Community Health to Achieve Health Equity

December 18, 2018 Webinar:

Institute for Diversity and Health Equity, an affiliate of the American Hospital Association

Rita Carreon, Deputy Vice President, Health

PURPOSE: WHY WE EXIST

To live in a world where there are no barriers for Latinos to reach their fullest potential

VISION: WHAT WE AIM TO ACCOMPLISH

A strong America where economic, political and social advancement is a reality for all Latinos, where all Hispanics thrive and our community's contributions are recognized

MISSION: WHAT WE ARE HERE TO DO

Build a stronger America by creating opportunities for Latinos

Our Unique Advantage

The nation's largest Latino civil rights and advocacy organization. Through our unique combination of research, advocacy, programs, we simultaneously challenge the social, economic, and political barriers that affect Latinos in the United States.

UNIDOSUS HEALTH

We aim to improve Latinos' well-being and access to equitable health care

- Address social determinants of health
- Cultivate leaders in heath
- Build healthier, equitable and resilient communities

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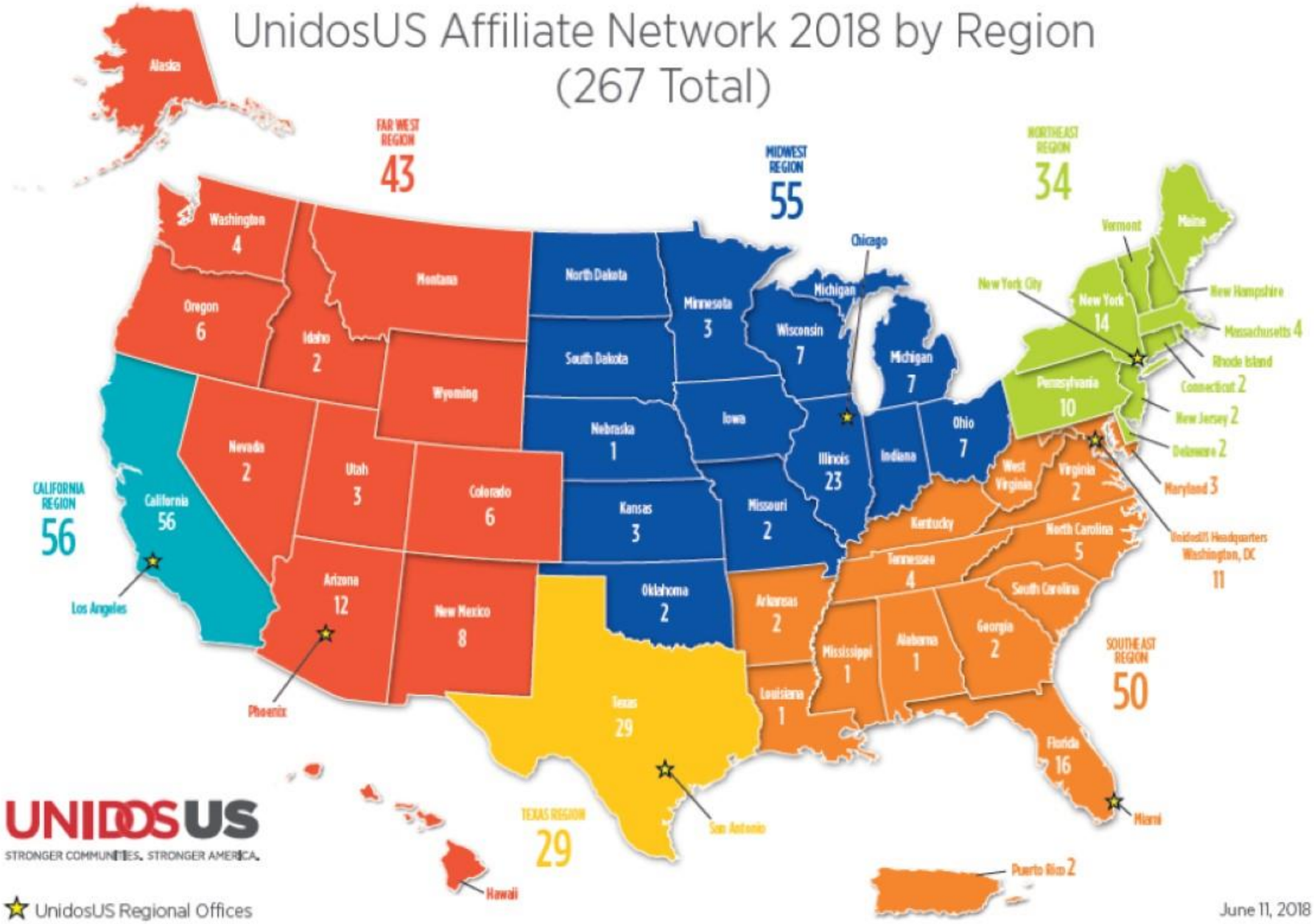
This is how we advance our mission.

UnidosUS Affiliate Network 2018 by Region (267 Total)



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★ UnidosUS Regional Offices

June 11, 2018

Key Health Priorities

addressing social determinants of health and advancing health equity

1

Shape the public narrative

2

Foster leadership and advocacy on key health issues for Latinos

3

Expand where health happens

4

Create and share actionable knowledge

5

Create meaningful and actionable access to health and health care

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AHA and UNIDOS US Strategic Alliance

Foster
Leadership
and Advocacy

thru
diversity,
inclusion, and
health equity

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Strategic Alliance to Build Healthier Communities

Trustee Match Program

Healthy, Equitable, and Resilient (H.E.R.) Communities

Advancing Diversity, Inclusion and Health Equity

RWJF's Culture of Health Advisory Council

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Trustee Match Program

CEO Invitation Letter
from Janet Murguia, UnidosUS and Rick Pollack, AHA

UnidosUS

- Identification of Affiliate executives and community leaders – Candidates
- Candidate Profiles and Case Studies
- Readiness Assessment
- Relationship Build Opportunities

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AHA

- Identification of engaged member hospitals and health systems - Organizations
- Member Profiles and Case Studies
- Readiness Assessment
- Training of Candidates
- Relationship Build Opportunities

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Advancing Health in America

Healthy, Equitable and Resilient Communities

- Educational Sessions
- Webinar Series
- Communications
  - Community Spotlight
  - Podcast
  - Blogs
  - Social Media

AHA/UnidosUS Alliance is Strengthening to Address Youth Violence

Jul 11, 2018 - 11:41 AM by Jay Bhatt

Building trust, breaking down barriers to access care, caring with compassion, coming with empathy and r community, using data to drive decisions, and utilizing trauma-informed care -- these are some of the key t panel I recently moderated.

The AHA and UnidosUS recently formed an alliance to build healthier communities. As part of this effort, v interconnected forces that influence violence and trauma-informed practices, especially under heightened

Prioritizing community health to achieve health equity

To achieve health equity, all of us—hospitals and health systems, allied hospital associations, and local, state and federal stakeholders—will need to partner and prioritize the work that improves the health of our communities.

Leaders from the American Hospital Association, UnidosUS, and Sharp HealthCare, touched on this theme and shared their strategic priorities and work at the AHA Leadership Summit in late July. Cynthia Washington, interim president and CEO of the AHA's Institute for Diversity and Health Equity, moderated a panel featuring Rita Cameio, deputy vice president of health at UnidosUS, and Jillian Barker, manager of community benefit and health improvement at Sharp HealthCare.

UnidosUS aims to improve Latinos' well-being and access to equitable care. Key strategic priorities for UnidosUS are addressing the social determinants of health and advancing health equity for the Latino community. It is important to begin shaping the public narrative by building trust with communities—"the bonds of the community," Cameio explained. UnidosUS also is committed to fostering leadership and advocacy on key health issues for Latinos and creating meaningful access to health and health care for communities. By championing a community's assets and capacity through its affiliate network, UnidosUS believes that we can see a strong America where economic, political and social advancement is a reality for all Latinos.

American Hospital Association

UNIDOSUS

An Alliance for Healthier and Stronger Communities

The American Hospital Association, a not-for-profit association of health care provider organizations and individuals, along with UnidosUS, the nation's largest Hispanic civil rights and advocacy organization, formed an alliance to improve the health of communities across the nation and increase diversity in healthcare governance to shape the future of care.

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Expanding Where Health Happens

- Combating food insecurity and increasing nutrition programs
- Assessing impact on environment/ neighborhood access to healthy foods and beverage
- Target marketing to children on unhealthy food and beverages
- Promoting the National Diabetes Prevention Program

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Combating Food Insecurity

COMPRANDO RICO Y SANO
(BUYING HEALTHY AND FLAVORFUL FOODS)

UnidosUS's program—led by community health workers (*promotores de salud*)—seeks to reduce hunger and instill healthy shopping and eating habits among Latinos through nutrition education and enrollment assistance in the **Supplemental Nutrition Assistance Program (SNAP)**.

In 2017...

Across **24** Communities

47%↑ fruit intake

55%↑ vegetable intake

63%↑ healthy meals prepared at home

25,636 **Latinos enrolled** in the Supplemental Nutrition Assistance Program (SNAP)

2.5 million **Latinos reached** with nutrition and SNAP enrollment messages via news and social media

12,871 **Latinos participated** in cooking demonstrations and grocery store tours

73,602 **Latinos** received face-to-face nutrition education and SNAP information

295 ***promotores*** **received training** to implement the program

Visit Unidos.US/CRS | @WeAreUnidosUS

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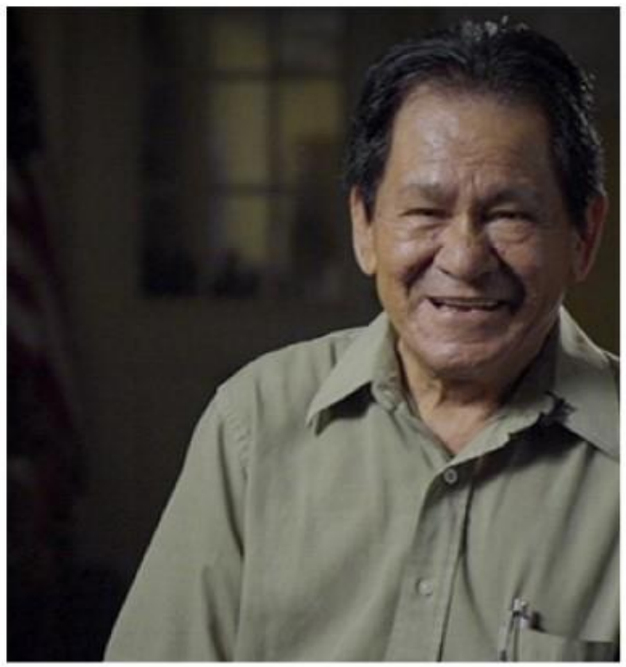
Walmart Foundation

5/18

COMPRANDO RICO Y SANO

COMPRANDO RICO Y SANO



Promotores de salud (community health workers) lead efforts to **EXPAND WHERE HEALTH HAPPENS**, promoting a culture of health in the places in which we live, work, learn, and play...

Schools
- "Healthy eating" social clubs for parents
- Cooking demonstrations for children

Workplace
- Healthy food at meetings/gatherings
- Zumba, yoga, and other physical activity classes

Neighborhoods
- Cooking demonstrations
- Walking clubs

Parks
- Family Wellness Days
- Zumba, yoga, and other physical activity classes

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Advancing Social Change

Creating meaningful and actionable access to health care

- Impact on children's poverty and health
- Connection between education and health
- Meeting families where they are
- Culturally and linguistically responsive
- Social engagement & communication

**Example: Healthy & Ready for the Future funding by Comic Relief for Red Nose Day Fund*

1,170,684 M
Latino individuals and families reached on importance of oral health and health care services*

25,397 rural children, Primarily ages 2-17, served by MSHS programs and community health centers (2017-2018)*

Leaning In – Community Partnerships

- Utilize multi-stakeholder approach across all social services
- Identify shared values and assets that fosters collaboration
- Enhance role of local community leaders, including community health workers, to support efforts
- Engage with local school health administrators, community leaders, and health care professionals
- Create opportunities for new partners to join local coalitions to advocate for healthy communities and schools
- Advocate for policies to create safer spaces and healthier conditions for all Americans

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Resources and Contact Information

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Advancing Health in America

What Goes into Your Health? Clinical-Community Partnerships at Sharp HealthCare

Jillian Warriner, MPH
Manager, Community Benefit and Health Improvement
Sharp HealthCare

Learning Objectives

- Describe Sharp HealthCare's process for engaging community partners in its community health needs assessment (CHNA)
- Discuss how the 2016 CHNA influenced Sharp HealthCare to further engage community partners to address identified community health needs
- Provide examples of Sharp HealthCare/community organization partnerships since the 2016 CHNA
- Describe one specific Sharp HealthCare program model that highlights the impact of clinical-community partnerships to improve community health

Snapshot of Sharp HealthCare

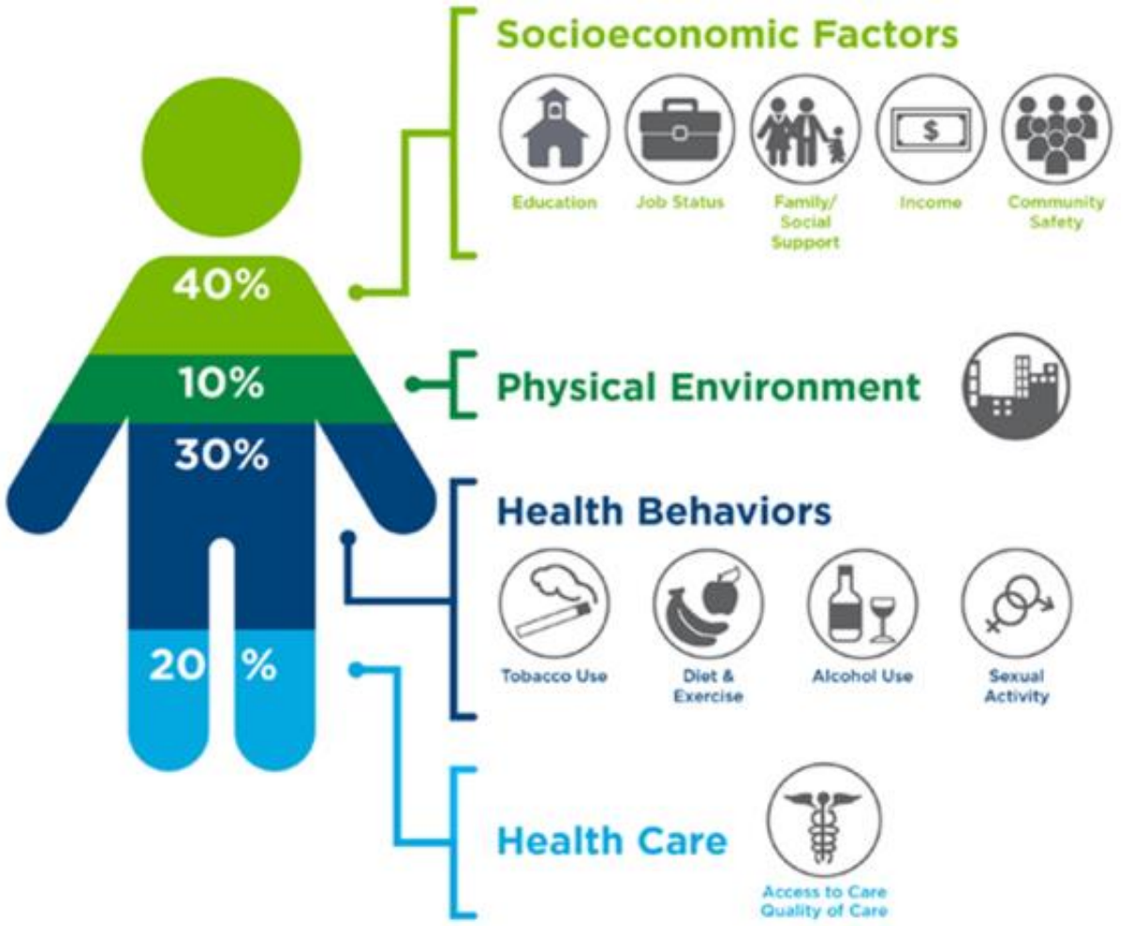
- Not-for-profit serving 3.3 million residents of San Diego County
- Grew from a single hospital in 1955 to an integrated health care delivery system:
  - 4 acute care, 3 specialty hospitals; 2,084 licensed beds
  - 3 medical groups
  - Health plan
- Largest private employer in San Diego:
  - Over 18,000 employees, 2,600 affiliated physicians
    2,000 volunteers

Mission: To improve the health of those we serve with a commitment to excellence in all that we do.

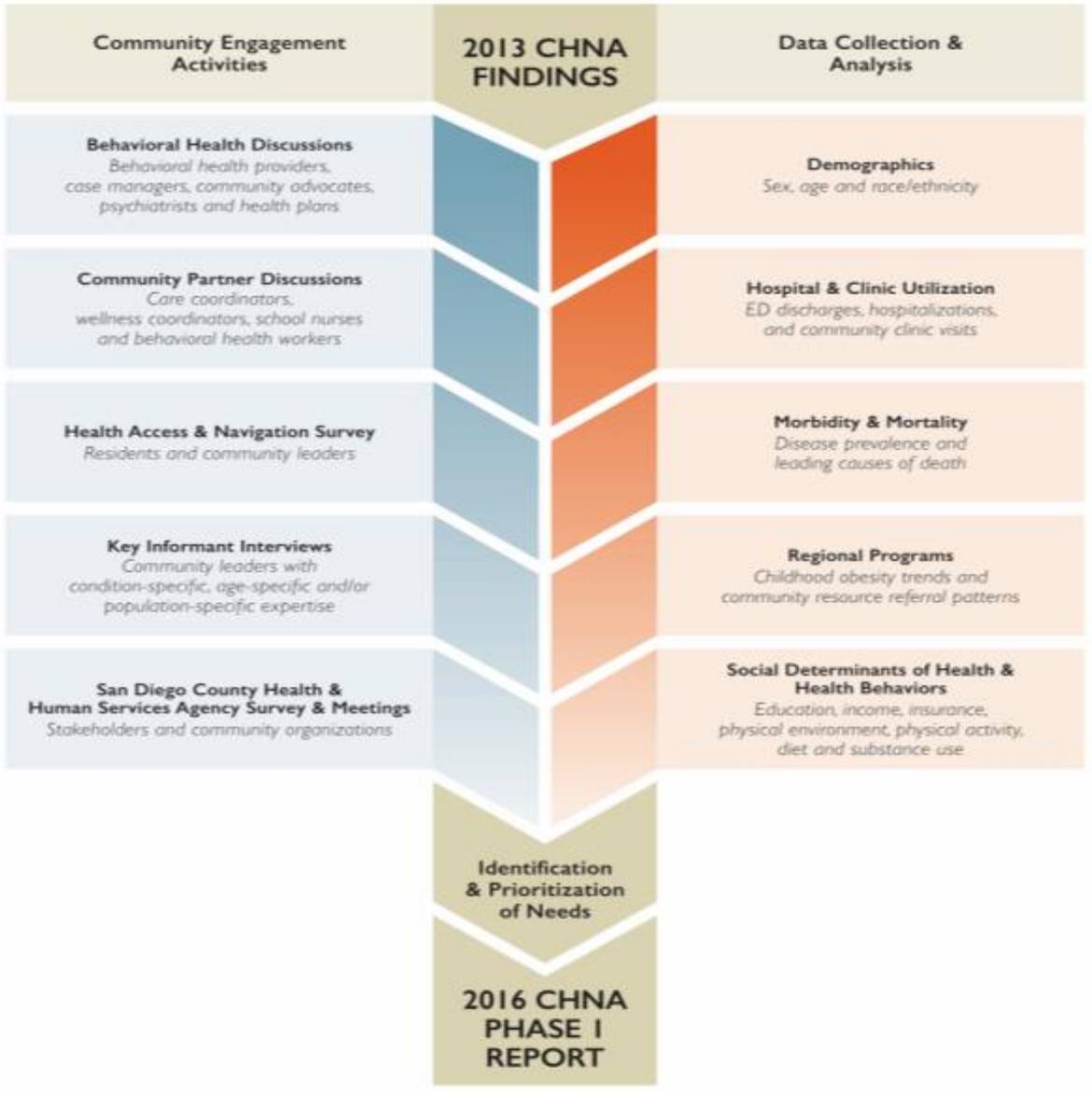
Sharp HealthCare: Pillars of Excellence

The seven Pillars of Excellence are a visible testament of our commitment to making Sharp the best health care system in the universe.

What Goes into Your Health?



Collaborative San Diego 2016 CHNA Process Map



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HOSPITAL ASSOCIATION of San Diego & Imperial Counties

2016 CHNA Community Engagement

- **3** Behavioral Health Discussions
- **19** Key Informant Interviews
- **87** Community Partner Discussion Participants
- **91** County HHSA Regional Live Well Surveys
- **235** Health Access & Navigation Surveys

2016 CHNA Community Engagement

- **Common health needs/issues**: hypertension, behavioral health, mobility, oral health

- **Challenges for clients**: education, money, stress, time, cultural practices. Poverty big barrier to behavior change

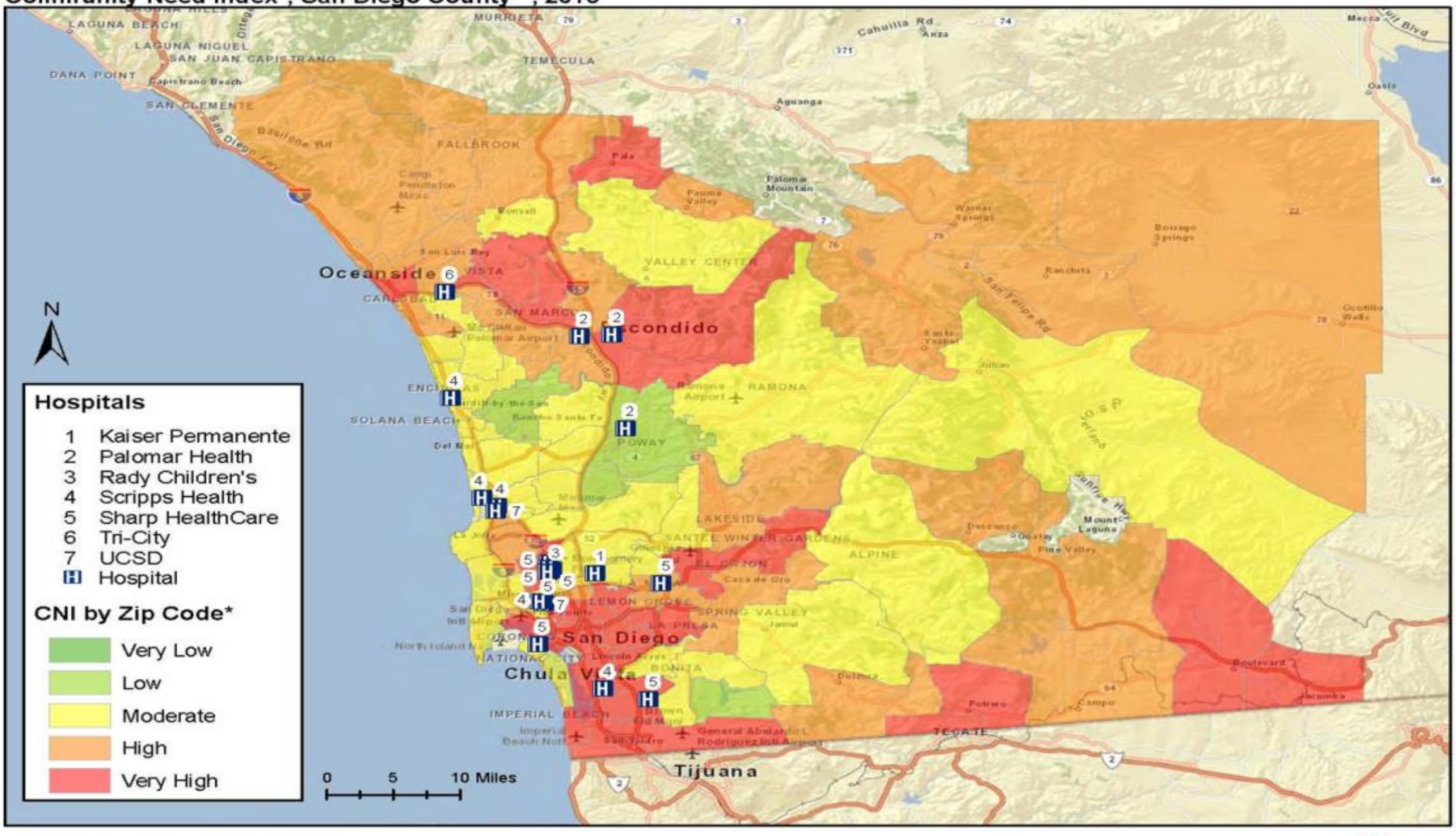
- **Risk factors**: healthy food access; lack of social support

- **Health needs/issues**: behavioral health, blood pressure/cholesterol, obesity, unhealthy diet

- **Challenges to clients/behavior change**: *lack of access to healthy food*; *stress; prioritization of other needs; cultural practices;*

- **What can hospitals do?** *Improve the inquiry*

Community Need Index*, San Diego County**, 2013



Data Source: *Dignity Health; **SanGIS;
Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.

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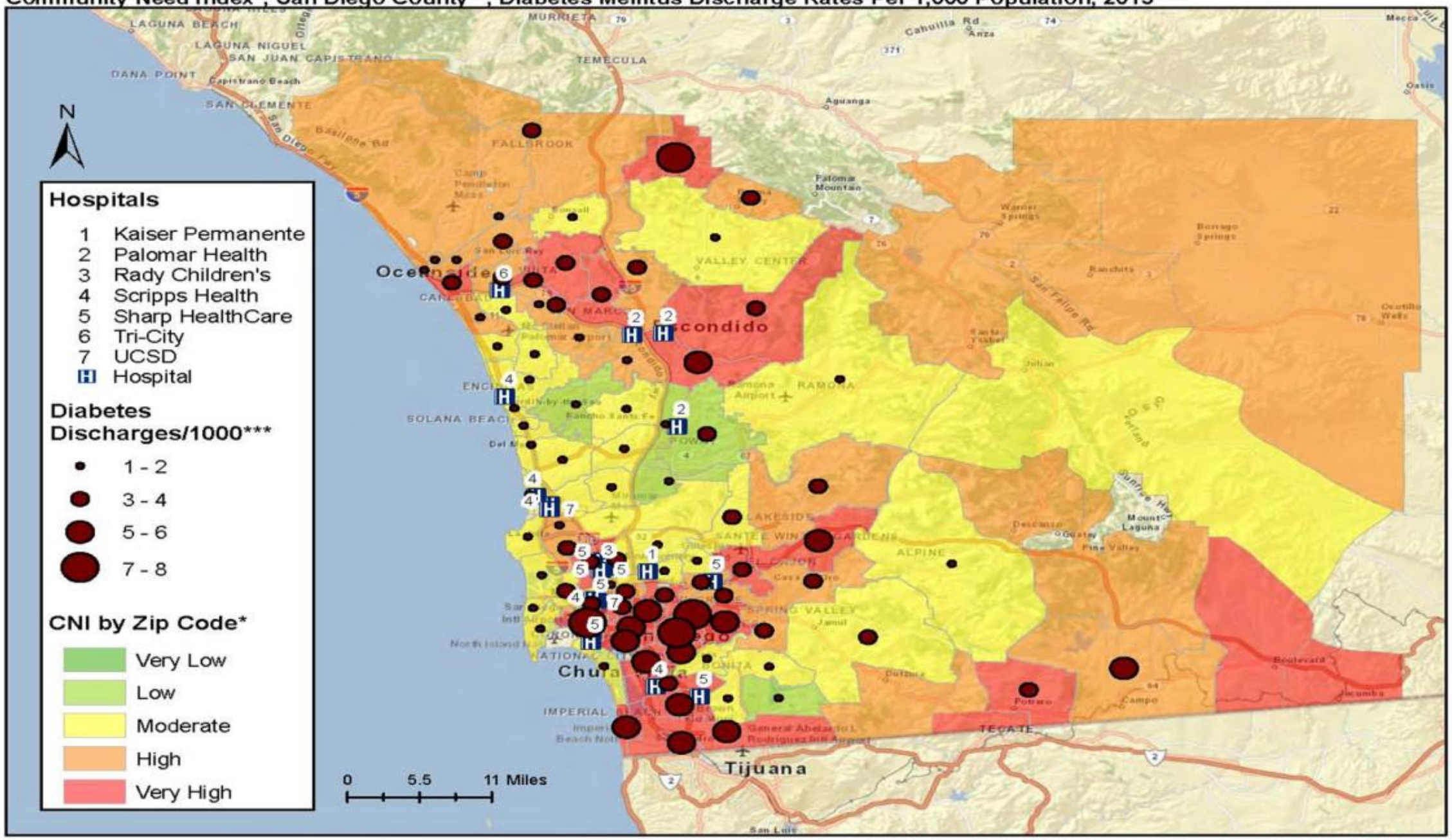
Community Need Index*, San Diego County, Diabetes Mellitus Discharge Rates Per 1,000 Population, 2013*****



Data Source: *Dignity Health; **SanGIS; ***OSHPD, SpeedTrack, Inc.
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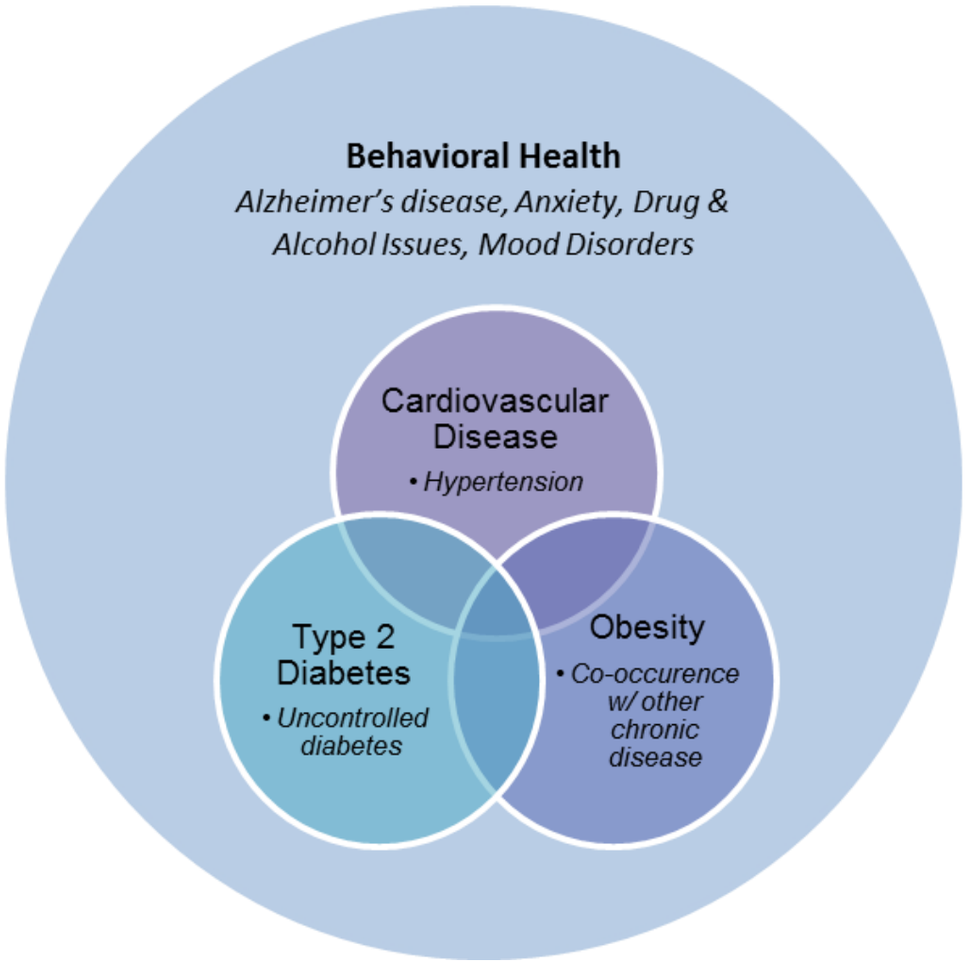
2016 Collaborative San Diego CHNA: Findings

Top Health Needs



Top Social Determinants of Health (SDOH)

- Food Insecurity & Access to Healthy Food
- Access to Care or Services
- Homeless/Housing issues
- Physical Activity
- Education/Knowledge
- Cultural Competency
- Transportation
- Insurance Issues
- Stigma
- Poverty

2016 CHNA Recommendations

Strategies to address the top health needs fell into four major categories:

Knowledge/education	Community and cultural competency	Early identification and prevention	Care integration and coordination

Resources that must be developed or increased to address the top health needs are:

Community and cultural competency	Behavioral health services	Integration health/social services/behavioral health systems	After hours urgent care	Worksite wellness

System, policies and environmental changes required to support better health outcomes

Data sharing	Increased awareness of available services	Increased number of psychiatrists and nurse practitioners	Reimbursement for social and supportive services & care management

Collaborations that could improve community health outcomes

Warm hand-offs and information sharing between health providers & community based organizations	Increased internship and workforce training programs with local educational institutions	Partnerships with community collaboratives & Intergenerational Partnerships	External support for providers through the use of technology	Collaboration between provider and community

SDOH and Health Outcomes

Food Insecurity

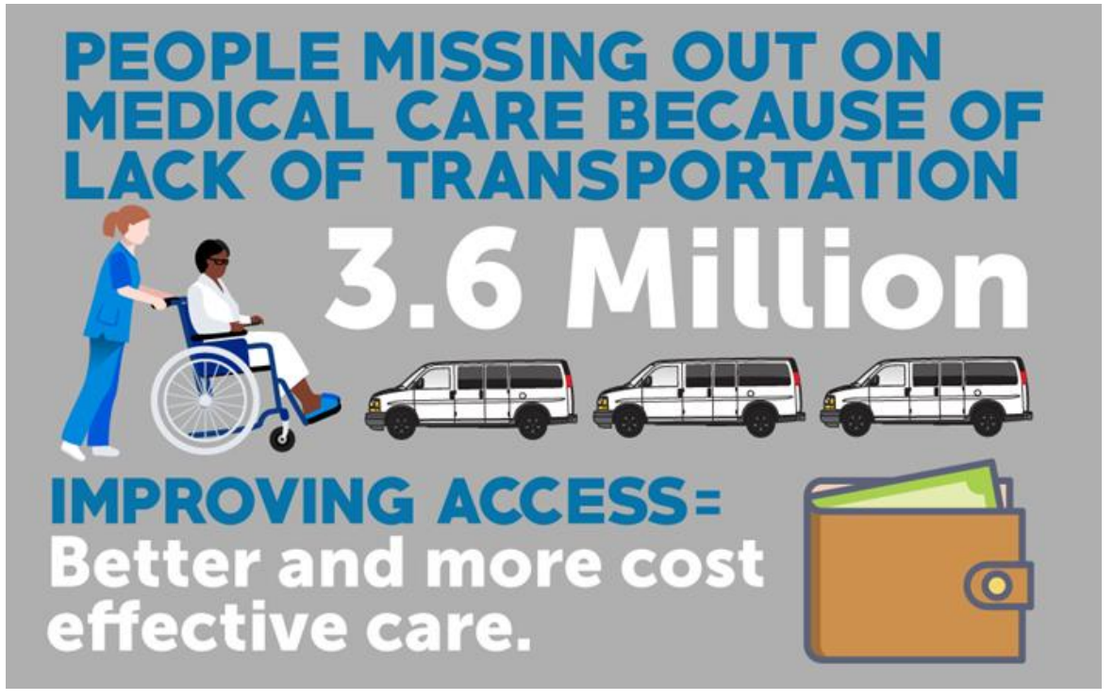
- Chronic diseases
- Negative impacts on growth / development
- Behavioral health risks across the lifespan

Transportation:

- Health care and other needed services:
    - Rx and follow up care
    - Food

Housing (substandard/unstable):

- Chronic and infectious diseases
- Lead poisoning
- Injuries



Post-CHNA: Sharp Program Implementation

Food Insecurity (Hunger and Health)

- Medical group food insecurity screening and referral programs
- Hospital Outstation (HOS) Program
- Sharp Senior Health Centers &
  San Diego Food Bank Senior Nutrition Program
- Advocacy support – San Diego Hunger Coalition
- Sharp CME food insecurity education initiative

Post-CHNA: Sharp Program Implementation

- Southwestern College/International Rescue Committee/Sharp Acute Care Certified Nursing Assistant Training Program

- 2-1-1 Community Information Exchange (CIE)
- Sharp Grossmont Hospital Care Transitions Intervention (CTI) Program

Sharp Grossmont Hospital
Care Transitions Intervention (CTI) Program

Partners: Sharp Grossmont Hospital, 2-1-1 San Diego, Feeding San Diego, Grossmont Hospital Foundation

Shared Goal: Bridge gap between social services and health in discharge patients transitioning home

Outcome measures:

- Percent of individuals readmitted into hospital (readmission rate)
- Number and percent who decrease vulnerability of social determinants on risk rating scale
- Client patient satisfaction and ability to better manage health

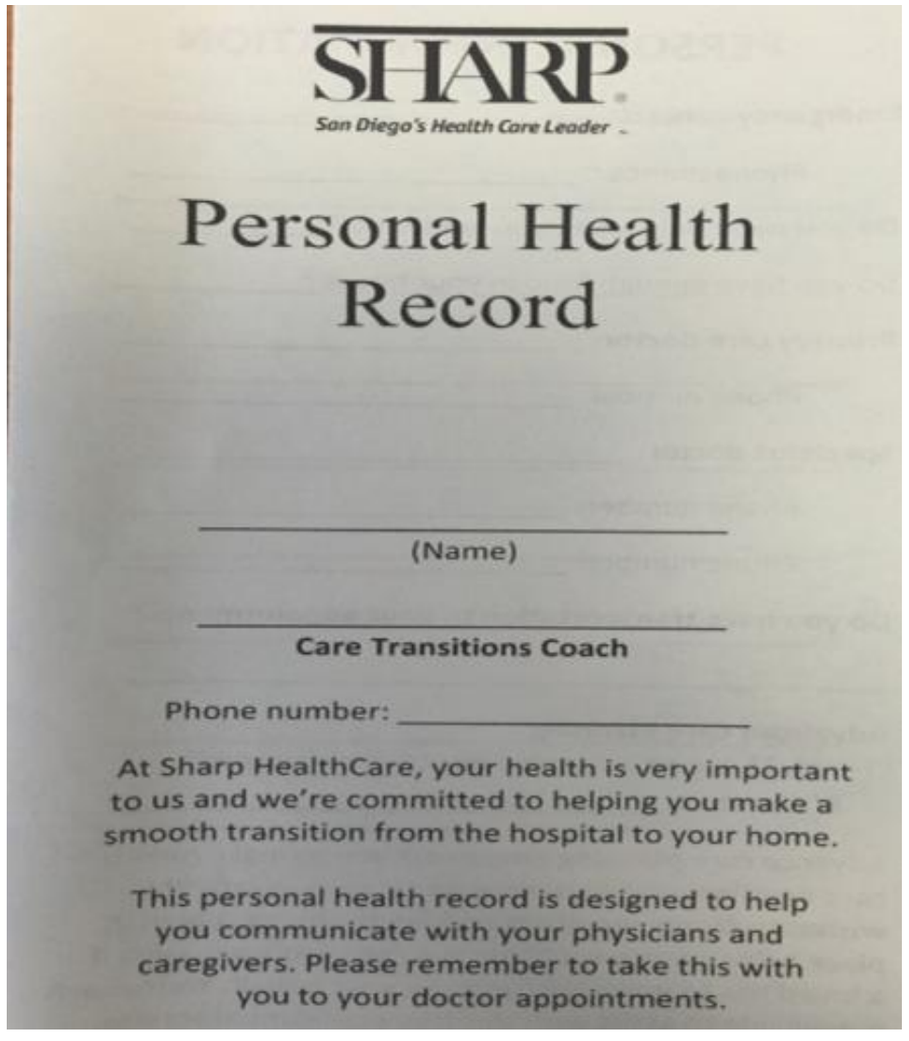
Sharp Grossmont Hospital: Community Served

What is the Sharp Grossmont CTI Program?

THE CARE TRANSITIONS PROGRAM

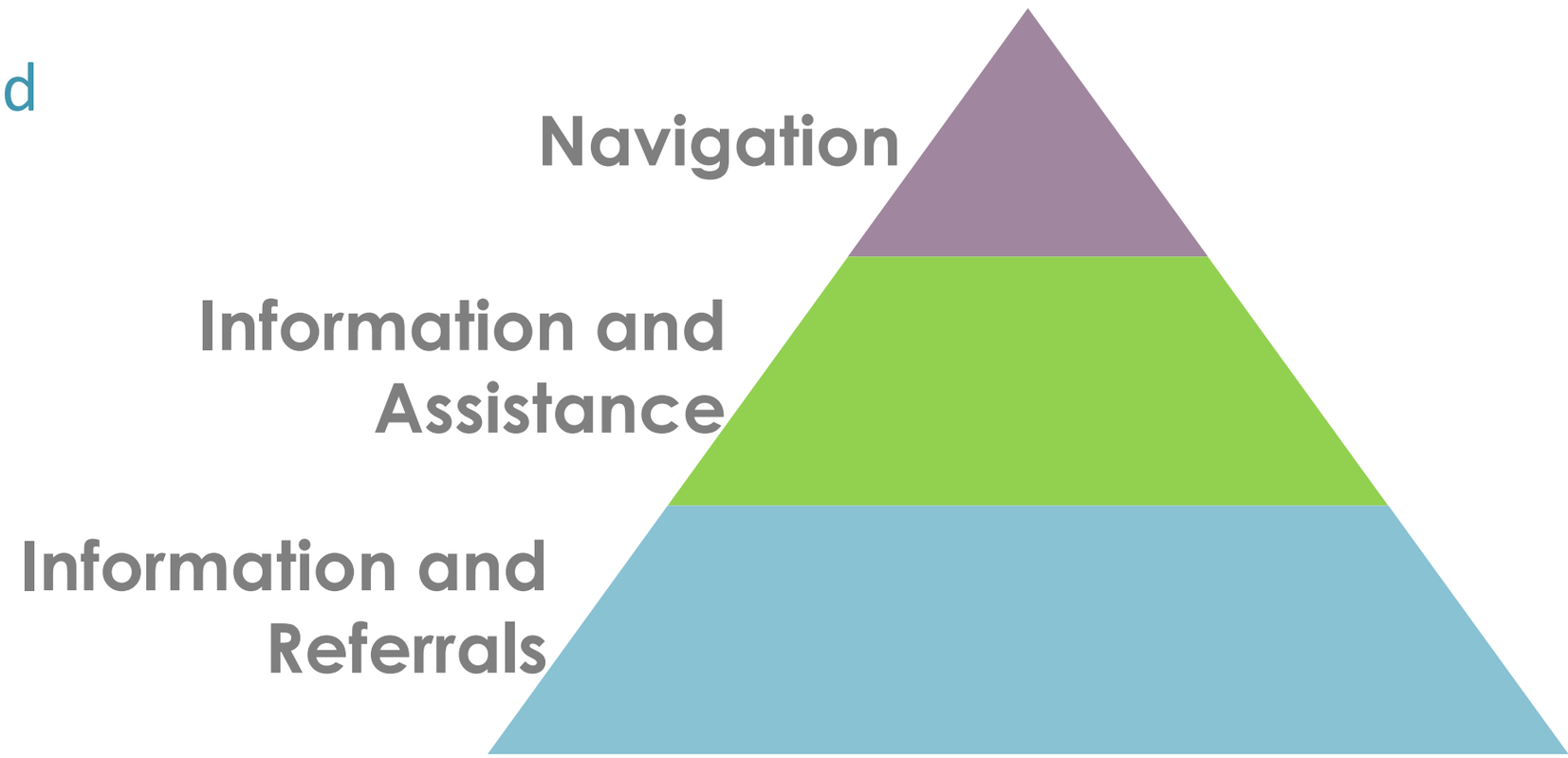
2-1-1 SAN DIEGO
10 Years of Connections

FEEDING SAN DIEGO



CTI Partner: 2-1-1 San Diego

- **Traditionally** Information and Referral Network
- Resource Database
- **Multiple Languages** offered
- **24/7 365** days a year
- **Moving** towards navigation & care coordination

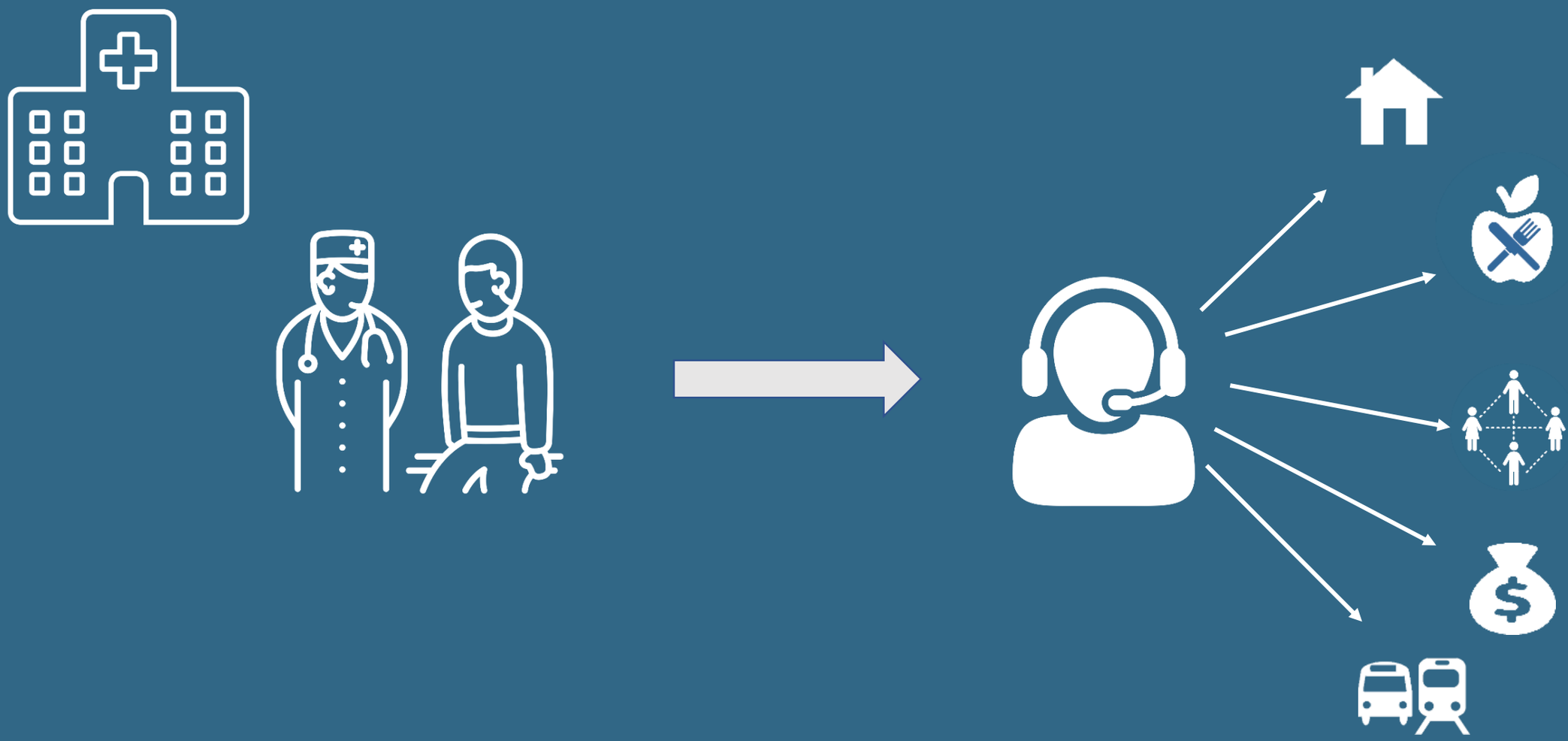


14 Social Determinants of Health/Wellness

- HOUSING STABILITY
- FOOD & NUTRITION
- PRIMARY CARE & PREVENTION
- HEALTH MANAGEMENT
- SOCIAL & COMMUNITY CONNECTION
- ACTIVITIES OF DAILY LIVING
- LEGAL & CRIMINAL JUSTICE
- FINANCIAL WELLNESS & BENEFITS
- EMPLOYMENT DEVELOPMENT
- TRANSPORTATION
- PERSONAL CARE & HOUSEHOLD GOODS
- UTILITY & TECHNOLOGY
- SAFETY & DISASTER
- EDUCATION & HUMAN DEVELOPMENT

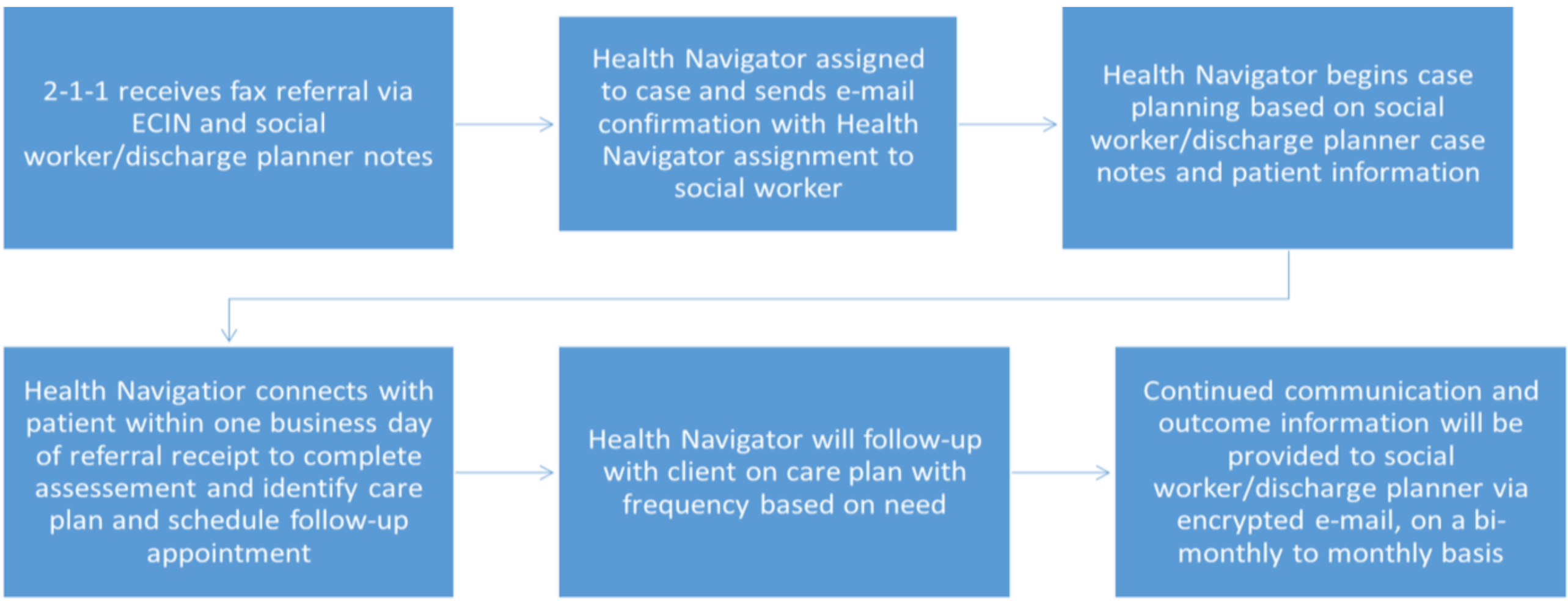
211 SAN DIEGO

Navigation for Social Needs:

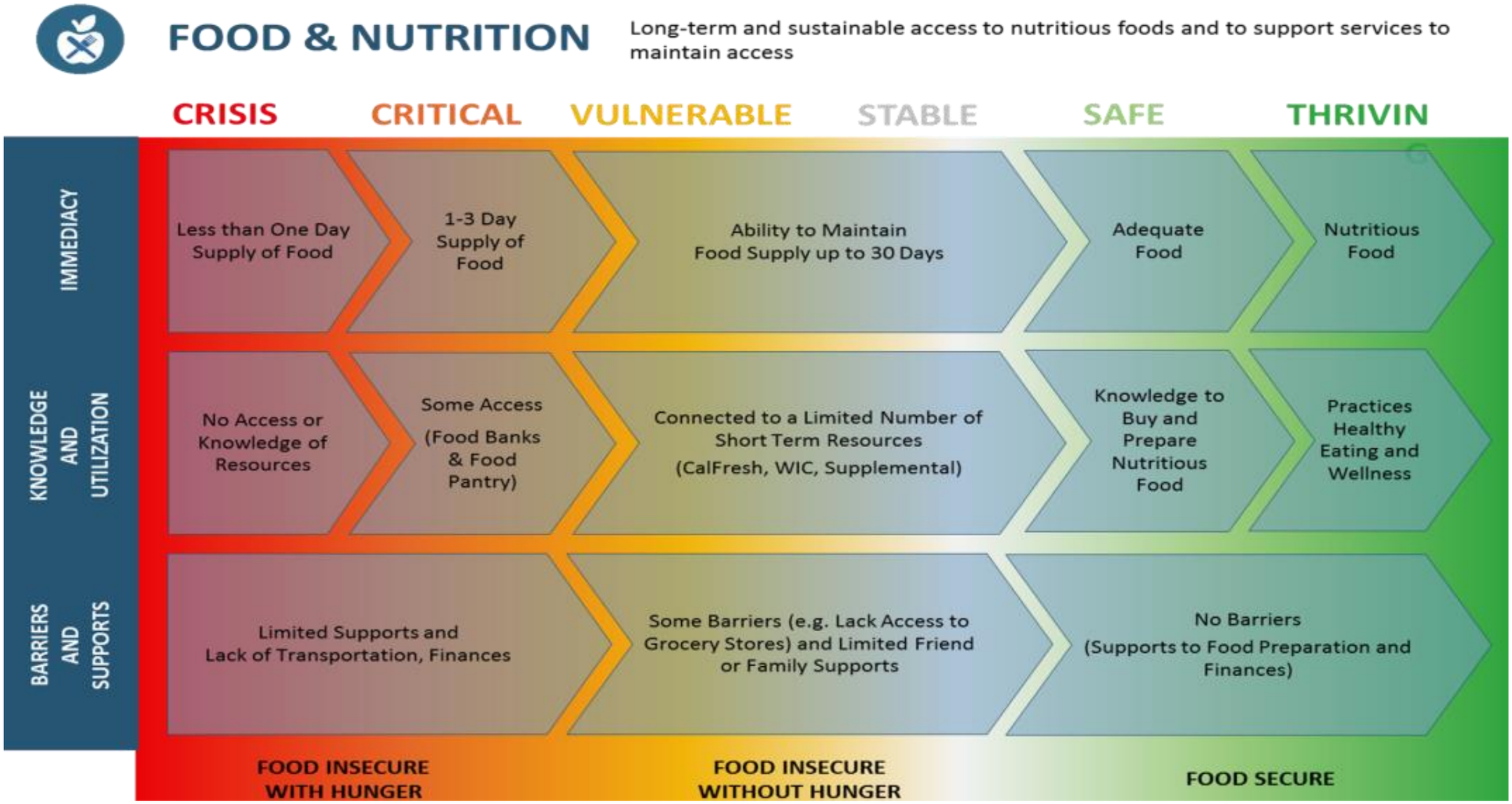


Bridging gaps between social and health services

Partnership: CTI and 2-1-1 San Diego

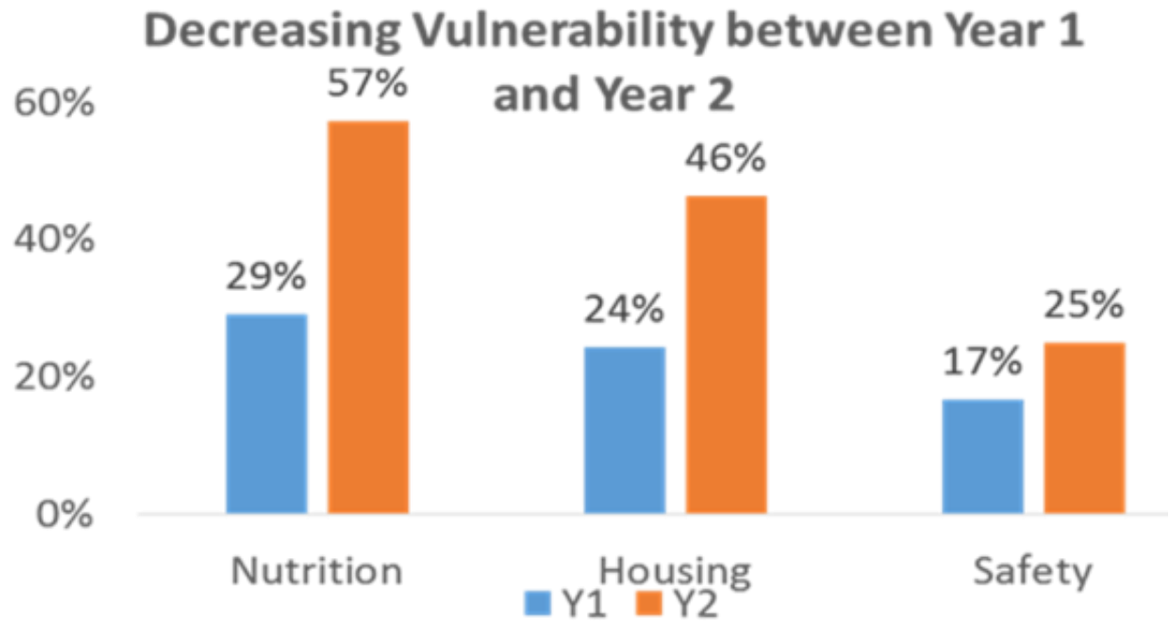


CTI and 2-1-1 San Diego: Evaluation



CTI: Outcomes

- **Reduced readmissions:** 9.6%
- **Improved care coordination:** 97%
- **Improved SDOH vulnerability:** 91%
- **Improved ability to manage health:** 92%



CTI: Lessons Learned

- Resource linkages must be client/patient centered
- Health care setting connection is key to resource access
- Organization champions are essential
- Flexibility is crucial to partnership evolution
- Outcomes tracking – short and long term – are critical

Communicate with vision and passion!

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