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POLICY

Outside The Box: The Role of Non- Healthcare Providers in Community Health



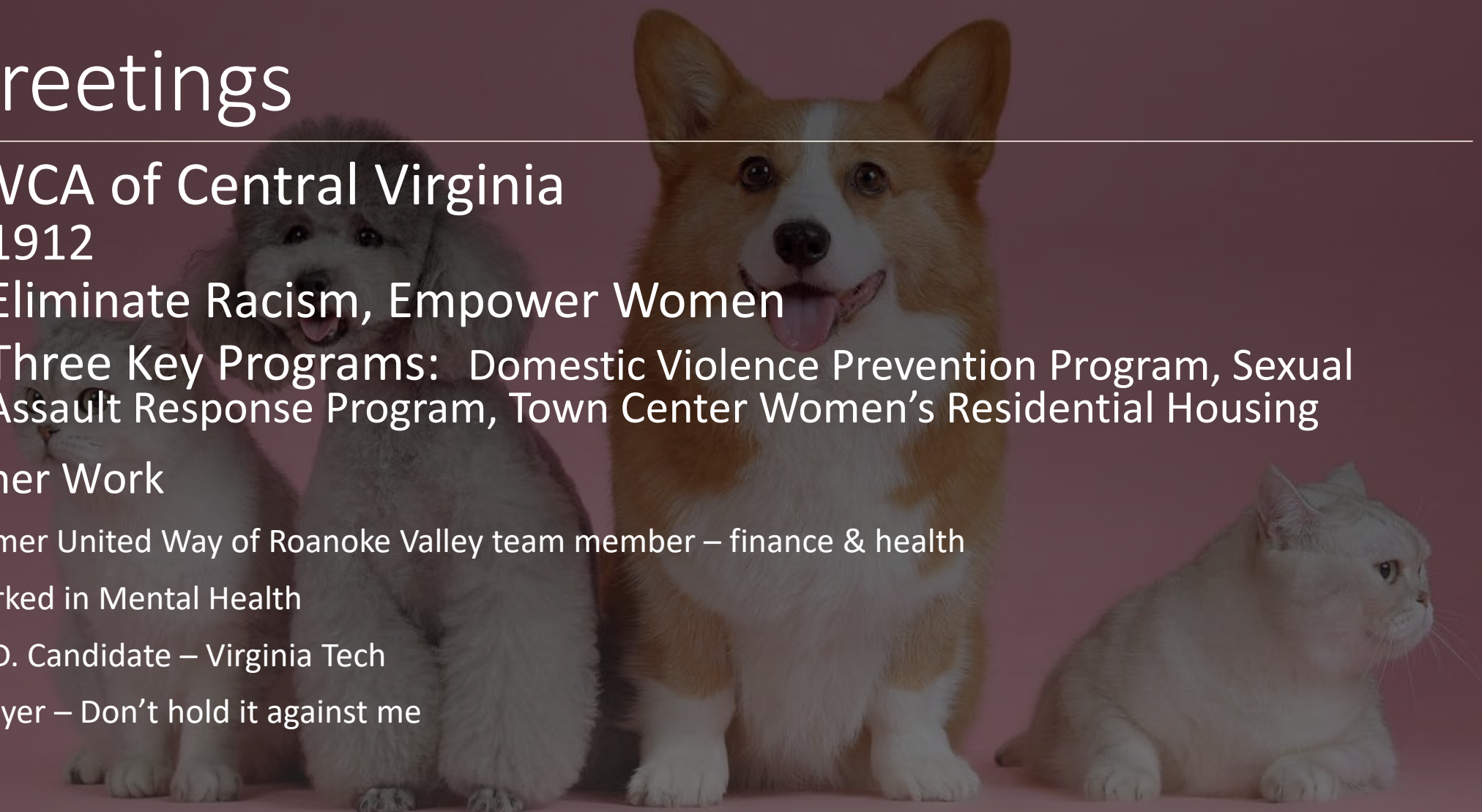
Greetings

YWCA of Central Virginia

- 1912
- Eliminate Racism, Empower Women
- Three Key Programs: Domestic Violence Prevention Program, Sexual Assault Response Program, Town Center Women's Residential Housing

Other Work

- q Former United Way of Roanoke Valley team member – finance & health
- q Worked in Mental Health
- q Ph.D. Candidate – Virginia Tech
- q Lawyer – Don't hold it against me





Health – A multi-layered problem

- Health Behaviors (30%)
 - Tobacco Use
 - Diet & Exercise
 - Alcohol & Drug Use
 - Sexual Activity
- Clinical Care (20%)
 - Access to Care
 - Quality of Care
- Social & Economic Factors (40%)
 - Education
 - Employment & Income
 - Family & Social Support
 - Community Safety
- Physical Environment (10%)
 - Air & Water Quality
 - Housing & Transit

Source:

<https://www.countyhealthrankings.org/what-works-strategies-improve-rural-health>



What is Collaboration to You?

[HTTPS://WWW.POLLEVERYWHERE.COM/FREE TEXT POLLS/WY6IOXFZYINJLVJ2JANAP?PREVIEW=TRUE&CONTROLS=NONE](https://www.polleverywhere.com/free-text-polls/wy6ioxfzyinjlvj2janap?preview=true&controls=none)



How Do You Handoff?— Another Poll

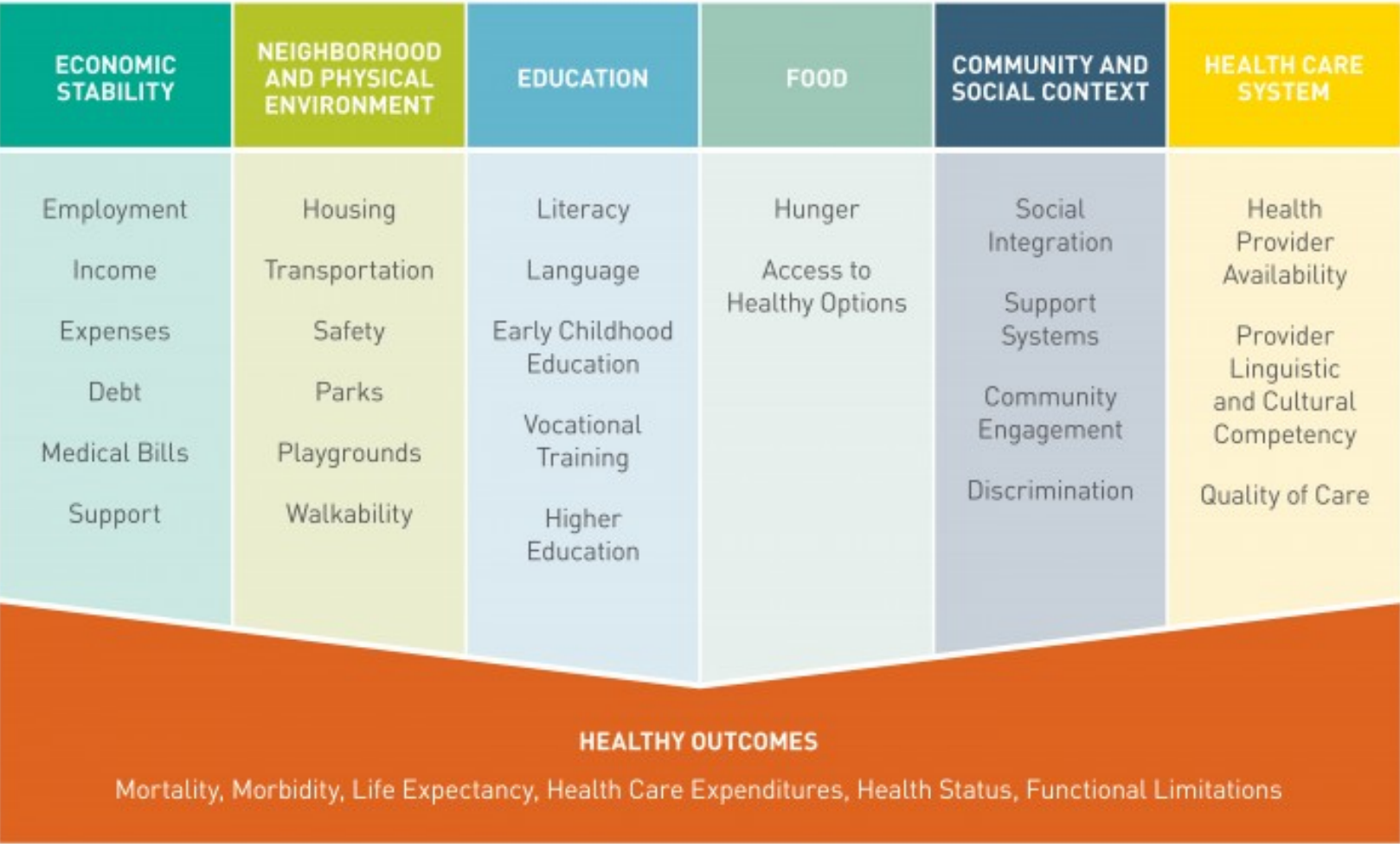
https://www.polleverywhere.com/multiple_choice_polls/9INHjVsYY7i6GTA3URImU?preview=true&controls=none



Health Equity & Inequity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires moving obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

What does health equity look like for our rural communities?



Social Determinates of Health

- Economic Stability
- Neighborhood and Physical Environment
- Education
- Food
- Community and Social Context
- Healthcare System

Source: Henry J. Kaiser Family Foundation <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>





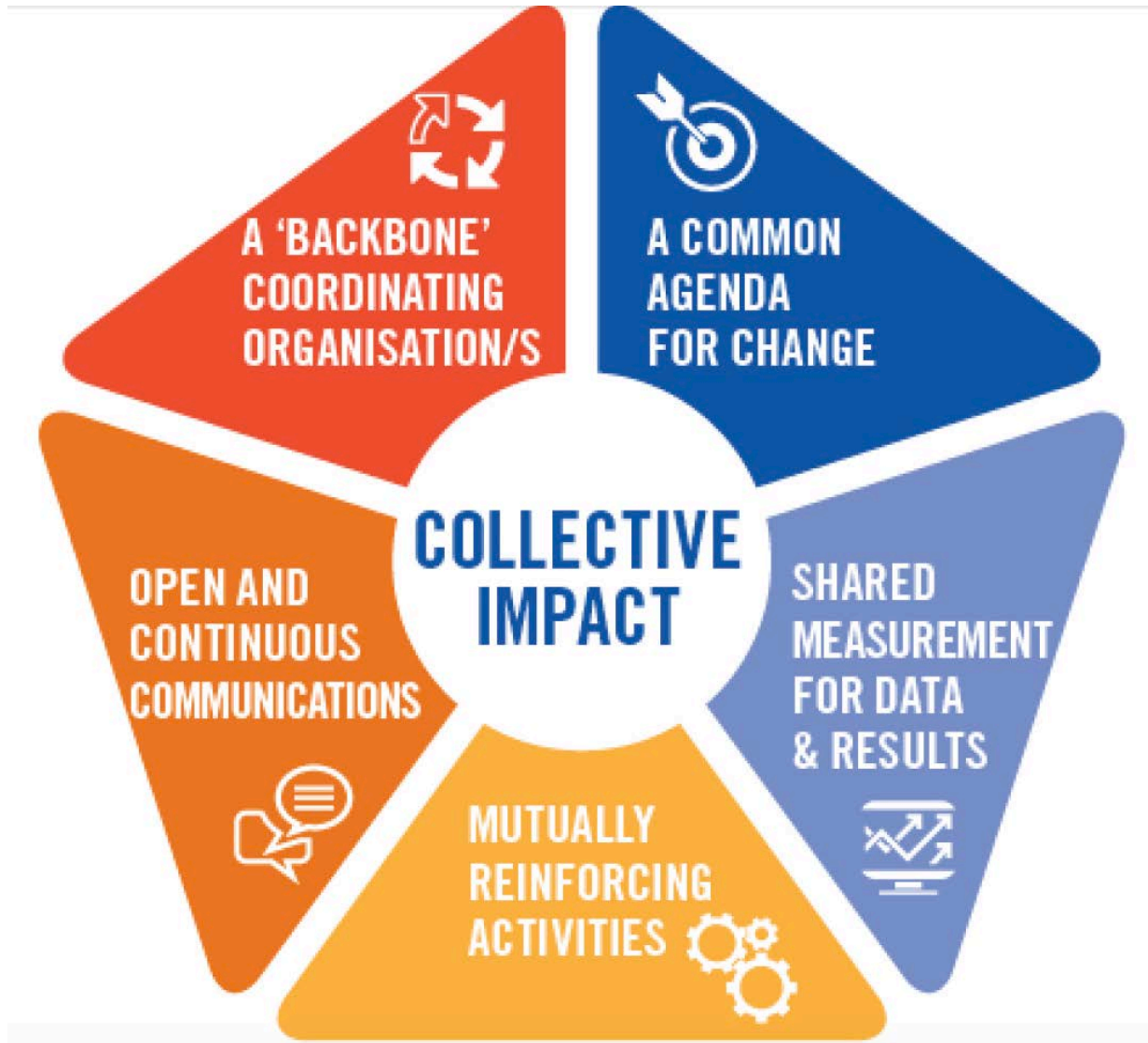
Notes from the Field: How is Your Community Collaborating?

[HTTPS://WWW.POLLEVERYWHERE.COM/DISCOURSES/A3UIXEE5DQ9XWNZI0FMTC?PREVIEW=TRUE&CONTROLS=NONE](https://www.polleverywhere.com/discourses/a3uixee5dq9xwnzi0fmtc?preview=true&controls=None)

A background image showing two hands, one on the left and one on the right, holding white puzzle pieces. The puzzle pieces are arranged in a pattern that suggests a larger whole. The image is overlaid with a semi-transparent green filter.

Methodology for Collaboration

Collective Impact as an effective, data-driven collaborative model to improve health outcomes and increase health equity



Collective Impact

* “[T]he commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem” – Kania & Kramer

Education

- Strive Together (Ohio)

Environment

- Elizabeth River Project (Virginia)

Obesity

- * Shape Up Somerville (Massachusetts)



Case Studies --- What Can this Look Like?

Family Justice Centers

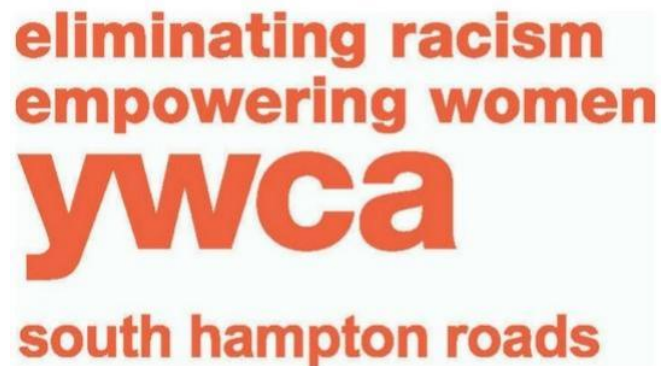
A CASE STUDY IN COLLECTIVE IMPACT & SOCIAL DETERMINATE OF
HEALTH RECOGNITION



Multi-Agency Centers and Family Justice Centers

- Multi-agency, multi-disciplinary co-located service centers that provide services to victims of inter-personal violence
- Multi-Agency Centers (MAC has at least three (3) different co-located service providers from different disciplines working together under one roof to provide services for adults and children). Partners may be onsite full or part-time, and service providers may or may not have a centralized intake and information sharing process.
- Family Justice Centers must have a minimum of the following full-time, co-located partners: domestic violence or sexual assault program staff, law enforcement investigators or detectives, a specialized prosecutor or prosecution unit and civil legal services. They have a centralized intake and information sharing process that is HIPAA and VAWA compliant with their full-time co-located partner agencies.
- Source: <https://www.familyjusticecenter.org>

Norfolk Family Justice Center



- ❑ First Center in the Commonwealth
- ❑ Opened November 2019
- ❑ Specializes in Domestic Violence and Sexual Assault victims but welcomes any crime victims
- ❑ One stop shop style collaboration
- ❑ Partnerships with Norfolk Police, Norfolk Commonwealth Attorney's Offices, YWCA South Hampton Roads and others. Center has a area for forensic nurses to conduct rape kits and strangulation in a comfortable and safe area versus clinical setting.
- ❑ Created by recognition of a gap in the system that is created by agency wait time and a requirement to go to multiple agencies after trauma. (Victims went to 4-6 places to receive appropriate services)

Healthy Roanoke Valley

A CASE STUDY IN THE COLLECTIVE IMPACT MODEL AND
SUBSEQUENT PROGRAMS FROM THAT COMMUNITY
COLLABORATION



Healthy Roanoke Valley

Partnership of more than 50 organizations

Built on a Collective Impact Framework

Focuses on Social Determinates of Health

- Based on data – Community Health Assessment by Carilion Clinic

HRV programs include:

- Fresh Foods RX
- Pathways HUB partnership

SOURCE: www.uwrv.org ;
<https://www.healthaffairs.org/doi/10.1377/hblog20190513.588162/full/>

“Struggling individuals or families depend on our ability to form a strong and cohesive network of services and support to get them back on track. This takes a tremendous investment of time and a lot of trust-building to introduce this new way of thinking and change the mindset on what that looks like.”

– Abby Verdillio Hamilton, Interim CEO & President of United Way of Roanoke Valley



HEALTHY
roanoke valley
MAKE CHANGE HAPPEN

Pathways Community Hub Model

Focuses on the Comprehensive Identification and Reduction of Risk in a culturally connected pay-for-performance approach.

Implements community-based care coordination through Community Health Workers (CHWs) to reach those at greatest risk of poor health outcomes

CHW look at health, social, and behavioral health risk factors – works collaboratively with social workers, medical professionals, and more – and creates a risk reduction plan of care

The HUB's foundation is through the development of appropriate core pathways, the creation of a community hub, and the establishment of pathway payments for longevity.

Source: <https://pchi-hub.com/hubmodeloverview>



PATHWAYS HUB

Year at a Glance: 2018-2019



GOAL: Reduce poverty rate from 13% to 9%



Poor health creates financial hardship for many of our neighbors.

The Healthy Roanoke Valley Pathways HUB was developed as a way to help those at greatest risk receive coordinated care, with the help of neighborhood-based Community Health Workers (CHWs). The CHW completes a health, social and behavioral assessment for their client, and then guides them through a pathway of customized services leading to improved health...and a better life for the entire family.

In addition to helping families build safer, healthier lives, the HUB has resulted in \$55,497 in medical and charity savings for the Roanoke Valley region.

IT USUALLY ISN'T JUST ONE THING...

Community Health Worker (CHW) David Dickey first met 62-year-old Lloyd W. after he was seeking urgent care for his chronic obstructive pulmonary disease (COPD). In talking, David discovered that Lloyd didn't have access to a car and couldn't pick up his prescription. Not only did he arrange for Lloyd to get a ride to the pharmacy, he also found a Primary Care Physician for him, and arranged for transportation to doctor visits as well. Now, through Healthy Roanoke Valley Pathways HUB resources, Lloyd will soon get a lighter, portable oxygen tank, one that he can carry outside his apartment with ease.

\$218,518

worth of Pathways and HUB services completed from June 2016 to June 2019

67%

decrease in avoidable emergency department visits

77%

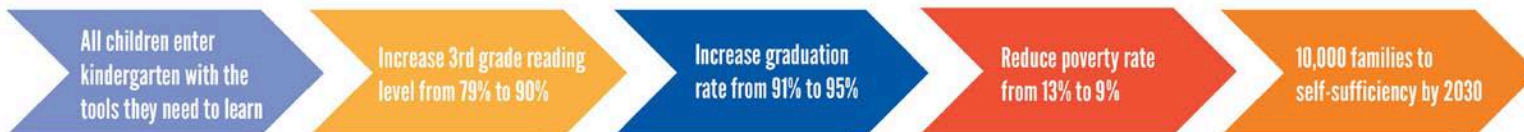
reduction in avoidable financial assistance

44%

reduction in overall financial assistance

503

Pathways were completed with the greatest number of Pathways addressing Social Service Referrals, Medical Referrals, and Education



\$417,000

saved on prescription medications through the FamilyWise program

249

clients were enrolled in HUB services

364

referrals/linkages with over 75 partner agencies and direct service providers

70

clients received 170 medical, dental, or behavioral health visits

Healthy Roanoke Valley Pathways Hub

Uses the “Strive Collective Impact Model”

[Community Health Workers](#)

A photograph of three women sitting at a wooden table in a cafe or office setting, laughing and talking. The woman on the left has curly hair and is wearing a light-colored blazer. The woman in the middle has blonde hair and glasses, also wearing a light-colored blazer. The woman on the right has curly hair and is wearing a dark blazer. On the table are a smartphone, a notebook, and a white mug. The background shows a bar area with bottles and a framed picture on the wall. The text "So — Let's Talk" is overlaid in white on the left side of the image.

So — Let's Talk

Discussion Starters

Discussion

- What are some of the barriers you are facing to providing more health equity to your patients?
- What resources are in your communities to build a more equitable view of health for your patients, what resources are lacking?
- How can we apply collective impact in our own communities? Or if you already are tell us about your successes and challenges!
- How can we scale programs that were conceptualized for urban areas to our rural needs?