How are leaders, partners, and residents working together to improve community health in the Columbia Gorge Region, OR & WA – and across the U.S.?

Communities Joined in Action National Conference

April 26, 2019

Presenters

Olivia Little, PhD
Community Improvement Strategist
RWJF Culture of Health Prize
Univ. of Wisconsin Population Health Institute

Gladys Rivera, CHW
Community Care Coordinator
Bridges to Health Pathways Program
Providence Hood River Memorial Hospital

The RWJF Culture of Health Prize is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Robert Wood Johnson Foundation

University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

What We Will Cover Today

- What is the RWJF Culture of Health Prize and what are the six Prize Criteria?
- What kinds of strategies are Prize winners employing to advance health and equity in their communities?
- How is the Columbia Gorge Region bringing the Prize criteria to life through fostering collaboration and leadership?

What is the RWJF Culture of Health Prize?

The RWJF Culture of Health Prize honors and elevates U.S. communities that are making great strides in their journey toward better health for all.

Through the Prize selection process we find strong examples of communities that are the forefront of building a Culture of Health.

RWJF Culture of Health Prize Winners 2013-2018

2019 RWJF Culture of Health Prize Finalists

- Broward County, FL
- Carrollton, GA
- Del Norte County and Tribal Lands, CA
- Fishers, IN
- Gonzales, CA
- Greenville County, SC
- Jersey City, NJ
- Lake County, CO
- Lake Village, AR
- Perth Amboy, NJ
- Sitka, AK
- Vista, CA

Prize Criteria

Prize winners are selected based on six criteria:

1. Defining health in the broadest possible terms.
2. Committing to sustainable systems changes and policy-oriented long-term solutions.
3. Creating conditions that give everyone a fair and just opportunity to reach their best possible health.
4. Harnessing the collective power of leaders, partners, and community members.
5. Securing and making the most of available resources.
6. Measuring and sharing progress and results.

See Prize Winner Stories at rwjf.org/prize

Meet the Culture of Health Prize Winners

Communities across the country are coming together to make health a priority. Meet the previous winners and explore their stories.

Explore Stories by Community Community Type ▼ **Explore Stories by Topic** All Topics ▼

2018 Winner / Suburban

Cicero, Illinois

Once tormented by poverty, disconnected youth, and a lack of resources, residents of Cicero, Illinois, are taking action so that everyone has a chance at a healthier life.

Explore the complete story →

2018 Winner / Suburban

Eatonville, Florida

The oldest historically black incorporated town in America is looking at the big picture of what creates conditions for good health.

Explore the complete story →

2018 Winner / Rural, Tribal

Klamath County, Oregon

In Klamath County, partners come together to improve high school graduation rates for all students, build a strong cadre of local, skilled workers through job training, and attract new businesses.

Explore the complete story →

2018 Winner / Urban

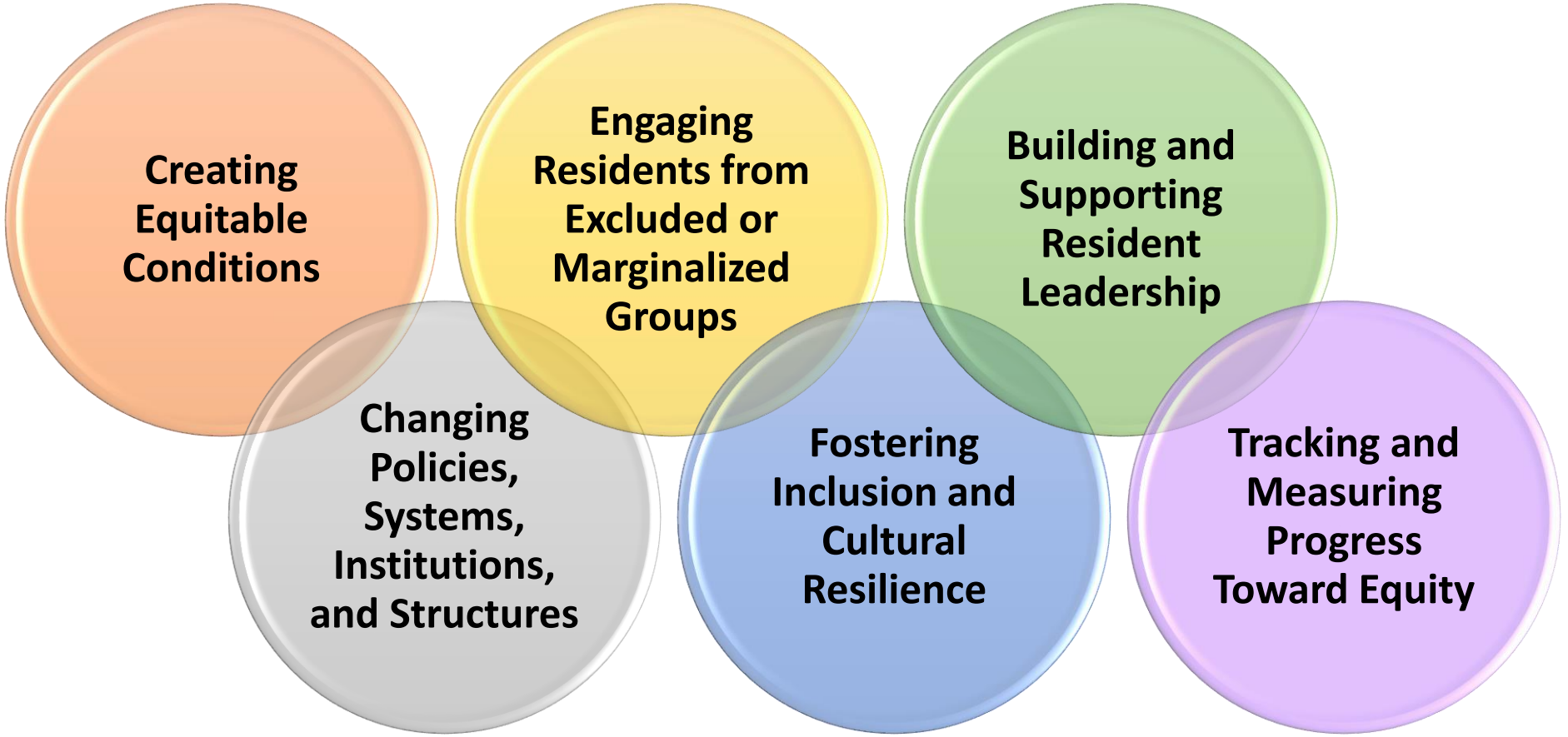
San Antonio, Texas

The residents of San Antonio, Texas, are focused on health inequities and the connections between education, health and wealth.

Explore the complete story →

What comes to mind when you think about community strategies to advance equity?

How Are Prize Winners Advancing Equity in Their Communities?



How Are Prize Communities Working to Ensure Everyone Has a Fair and Just Opportunity for Health?

FIRST FINDINGS

University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Robert Wood Johnson Foundation

Building a Fair and Just Opportunity for Health:

Initial Insights from RWJF Culture of Health Prize Winners

Introduction

People dedicated to giving everyone a fair and just opportunity for health in their communities are searching for guidance on how to accelerate their efforts. The 35 RWJF Culture of Health Prize winners (2013-2017) demonstrate a commitment to health, opportunity, and equity. What can we learn from these communities to guide and inspire others?

Prize winning communities represent diverse places — cities, counties, tribes, and small rural towns — that face a myriad of physical, economic, and demographic challenges. For example, more than 75 percent of Prize communities have higher rates of children living in poverty than the national 2016 rate of 20 percent. These higher rates of child poverty underscore the importance of selecting strategies that improve social and economic factors, maximize existing assets, build partnerships, and engage residents to improve health for everyone.

A recent analysis of Prize winners' application materials, conducted by the University of Wisconsin Population Health Institute, explored two areas considered crucial to advancing health and equity: 1) addressing the social and economic factors — such as good schools and stable jobs — that influence health, and 2) advancing partnerships that include leaders, partners, and residents.

This summary features an early look at some preliminary findings.*

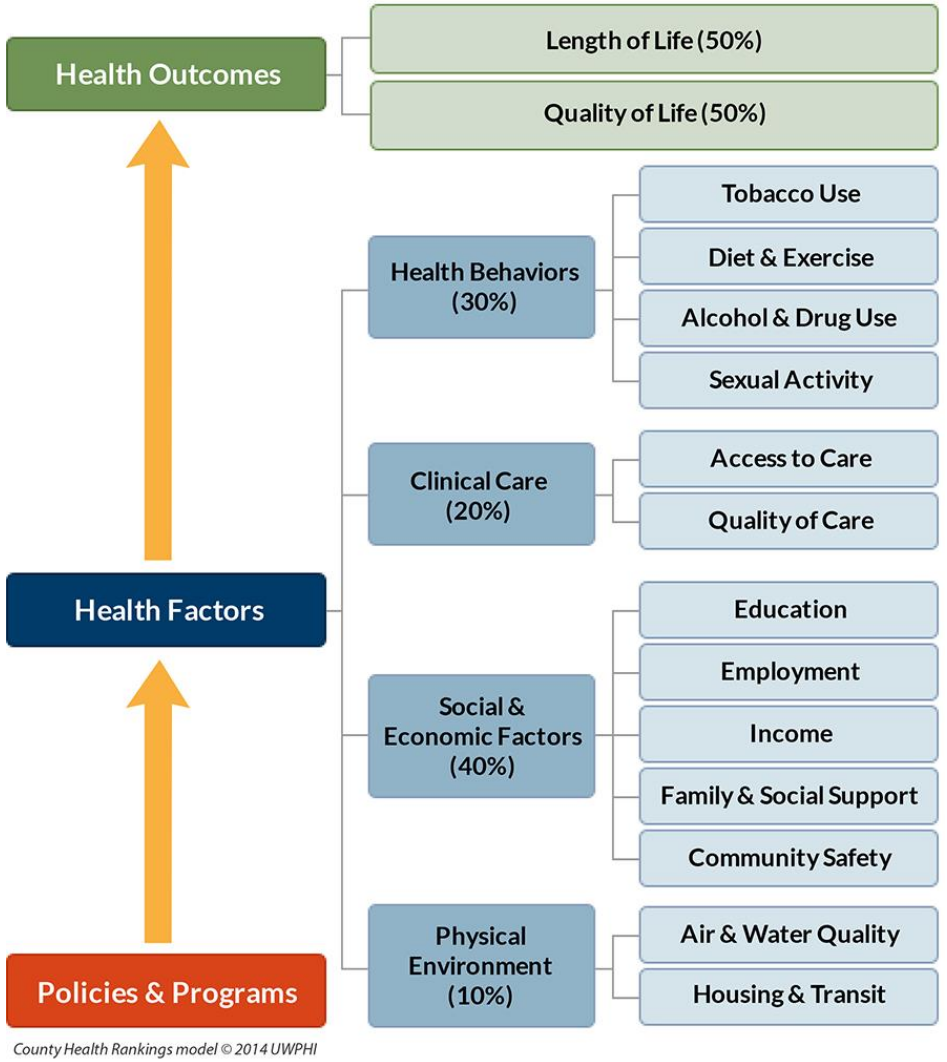
* This analysis reflects strategies shared when each community applied for, and successfully competed to win, the Prize; it is not exhaustive of all efforts underway in Prize winning communities.

Santa Monica, California, 2016 Prize Community

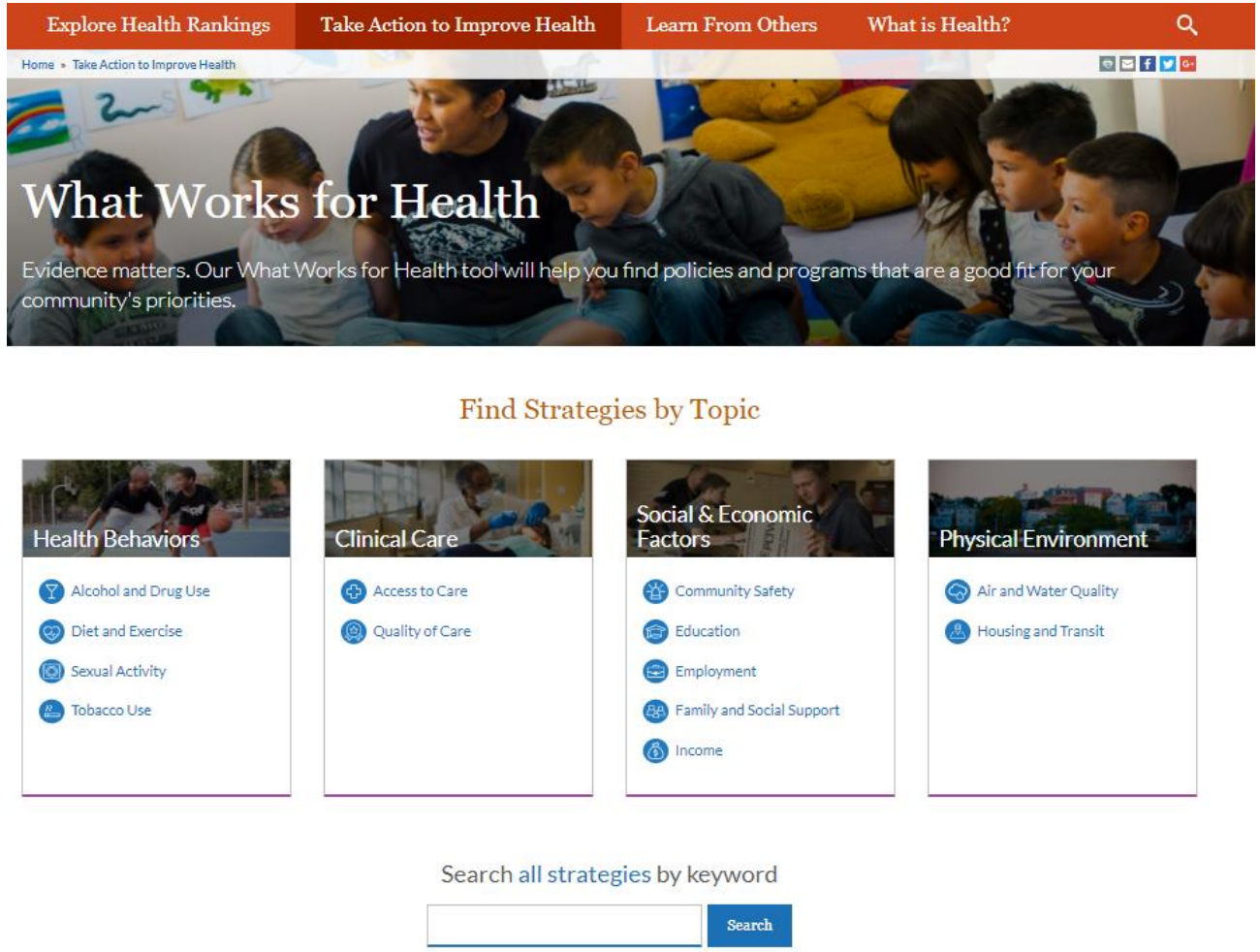
- 35 RWJF Culture of Health Prize Winners (2013-2017) representing a diverse mix communities
- Analysis of Prize winner application materials to explore two areas considered crucial to advancing health and equity:
  - Addressing social and economic conditions
  - Working together across leaders, partners, and residents

How Are Prize Winners Addressing Social and Economic Factors that Influence Health?

- Of 1,400 discrete strategies identified in Prize winner materials, almost half (45%) target social and economic conditions; nearly 60% of those address education or family & social support
- Focus on social and economic conditions has increased in Prize winner materials over 5 years, particularly in areas of increasing social connectedness, building social capital, and addressing housing



To What Extent Are Prize Winners Employing Strategies Supported by Research?



- Of Prize winners' social and economic strategies that could be matched to strategies in What Works for Health, 68% show evidence of effectiveness and 71% are rated as likely to reduce disparities

www.countyhealthrankings.org/whatworks

How Are Prize Winners Working Together Across Leaders, Partners, and Residents?

- Nearly all Prize winners featured intentional efforts to build resident advocacy and leadership capacity
- 77% of Prize winners described explicit inclusionary practices to engage residents from excluded or marginalized groups
- 86% of Prize winners demonstrated authentic resident engagement in prioritizing and/or implementing solutions, resulting in concrete actions taken

Key Insights from Prize Winners for Advancing Equity

- **Prize communities are pursuing broad-based, multi-pronged approaches that recognize the interrelated nature of complex problems.**

- **Prize communities offer compelling examples of fully engaging residents in health and community improvement in ways that go beyond gathering input and feedback on existing programs and initiatives.**

- **While Prize communities demonstrate strong work to address social and economic conditions, a few areas are less represented in their applications.** These include affordable housing; employment and income; transportation; and community safety, including preventing child maltreatment and intimate partner violence.

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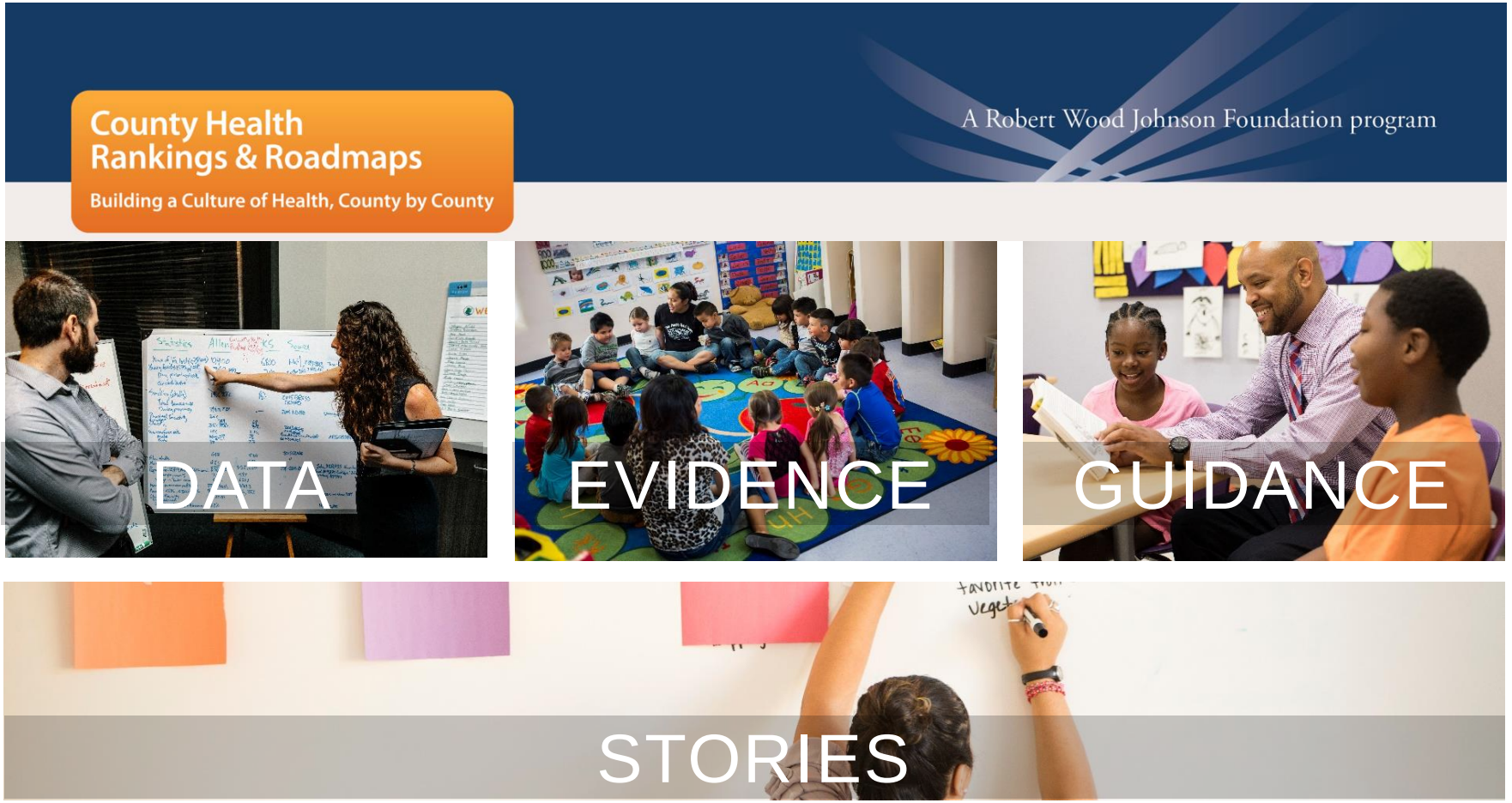
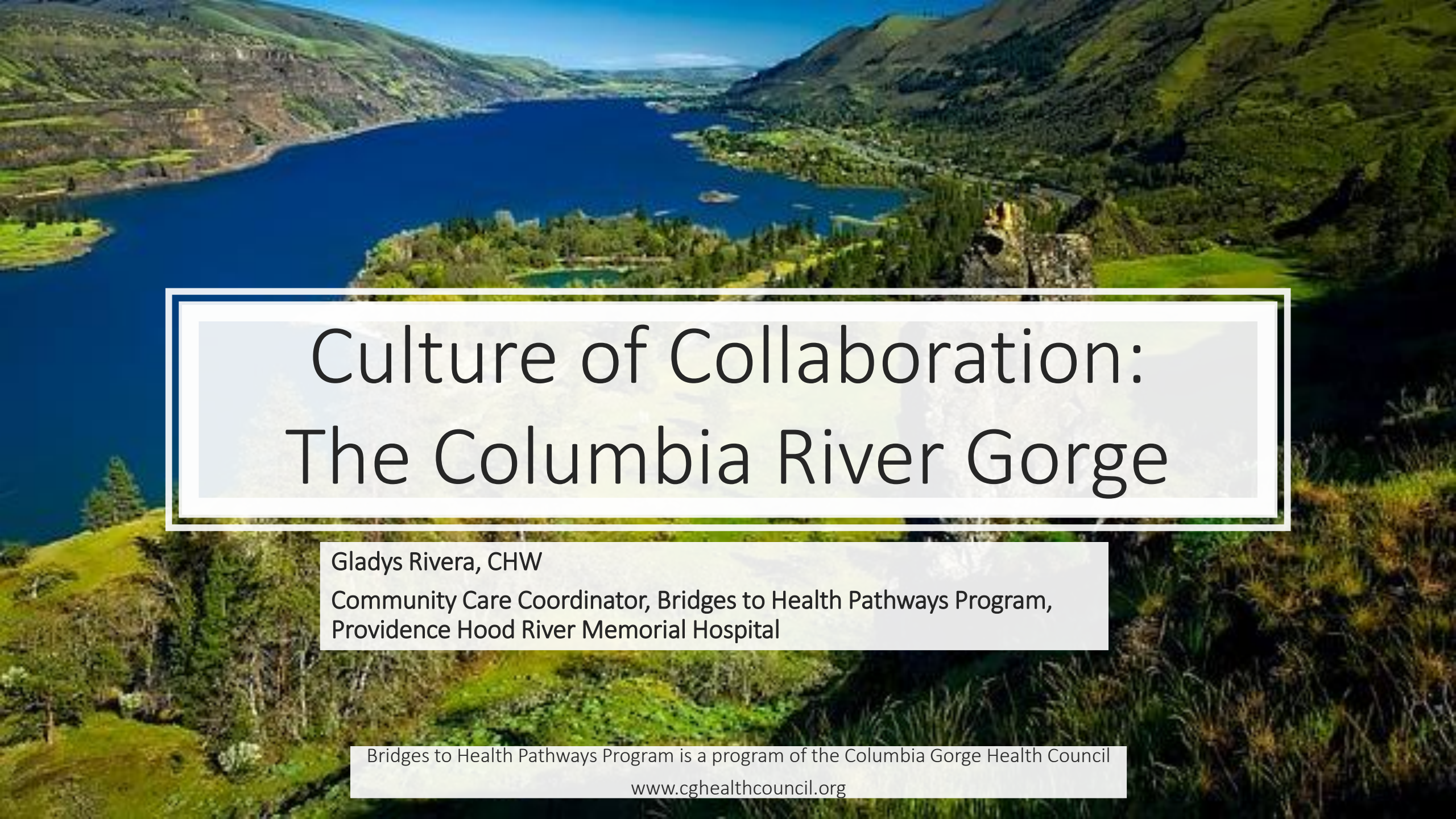
County Health Rankings & Roadmaps: Support for Communities



www.countyhealthrankings.org

2016 RWJF Culture of Health Prize Winner: Columbia Gorge Region, OR & WA

https://www.rwjf.org/en/library/features/culture-of-health-prize/2016-winner-oregon-washington.html



Culture of Collaboration: The Columbia River Gorge

Gladys Rivera, CHW

Community Care Coordinator, Bridges to Health Pathways Program, Providence Hood River Memorial Hospital

Bridges to Health Pathways Program is a program of the Columbia Gorge Health Council

www.cghealthcouncil.org

Some of Our Key Ingredients:

= Collaboration

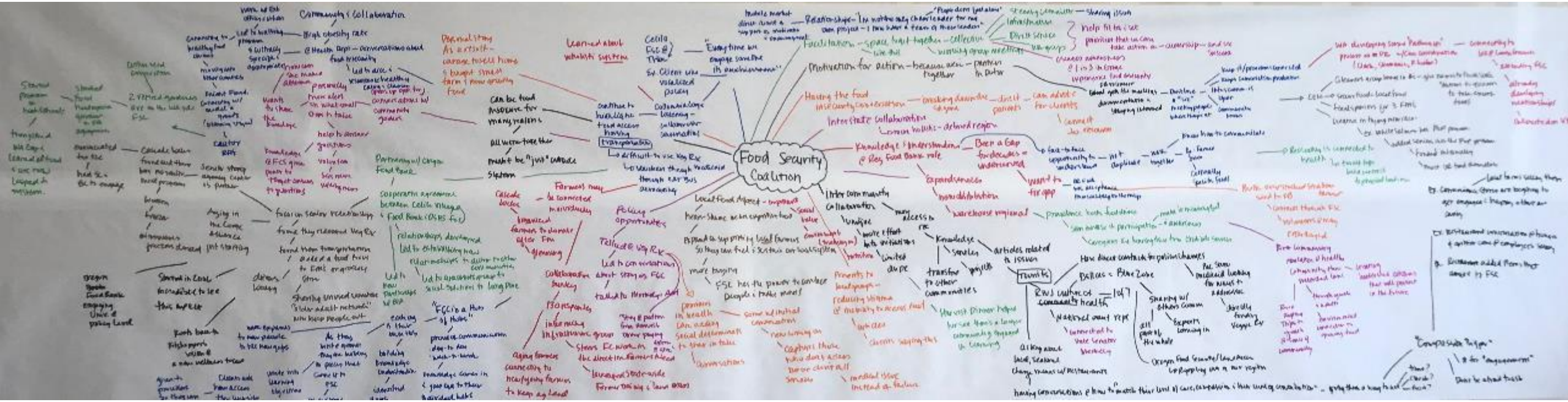
= Commitment to Equity

= Popular Education

= Elevate the voice of the consumer/ community

= Foster Leadership and Trust

Collaboration: What does it mean to us? What will happen?



Build Trust

Everyone is an expert

Foster Creativity

Go outside our comfort zone

Celebrate small successes

Give up something to gain something

Be willing to share the good, the bad and the ugly

Promote wide sense of ownership

COLUMBIA GORGE REGIONAL COMMUNITY HEALTH ASSESSMENT 2016

Robert Wood Johnson Foundation CULTURE OF HEALTH PRIZE 2016 WINNER

Collaborating for Optimum Health and Optimized Healthcare

Community Clinics	Hospitals	Public Health	Community Partners
ONE COMMUNITY HEALTH	PROVIDENCE Health & Services	HOOD RIVER COUNTY	COLUMBIA GORGE HEALTH COUNCIL
MID-COLUMBIA CENTER for LIVING	MCMC MID-COLUMBIA MEDICAL CENTER	Public Health	PacificSource Community Solutions
	KLICKITAT VALLEY HEALTH	North Central Public Health Department	
	SKYLINE HOSPITAL	KLICKITAT COUNTY	
		SKAMANIA COUNTY WASHINGTON	United Way

A summary of the needs for improved health for the residents of the Columbia Gorge Region including Hood River, Wasco, Sherman, Gilliam, Wheeler counties in Oregon and Skamania and Klickitat counties in Washington – Fall 2016

1

A Regional Approach …

Columbia Gorge Regional Health Assessment-2016

General Population

Basic Needs

1 in 4 had to go without a basic need AND 1 in 4 had to go without a healthcare need

Income Security

1 in 3 had trouble paying for basic needs

Food Security and Healthy Eating

1 in 3 are worried about running out of food*

more than 1 in 10 had to go without food

Housing Security

25% are worried about their housing situation

7% had to go without stable housing

Transportation Access

13% had to go without transportation

Health Insurance

8% are uninsured

of the uninsured, 21% live in Washington and 69% live in Oregon

Basic Needs

Columbia Gorge Regional Health Assessment-2016

Populations with disparities by race/ethnicity, income, or insurance

Basic Needs

4 in 10 in the Hispanic/Latino/Other, Low income, Uninsured, and Medicaid populations had to go without a basic need and healthcare need

Income Security

More than half of the Hispanic/Latino/Other, Low income, Uninsured, and Medicaid populations had trouble paying for basic needs

Food Security and Healthy Eating

1 in 4 in the Hispanic/Latino/Other, Uninsured, and Medicaid populations had to go without food

Housing Security

About 40% in Hispanic/Latino/Other, Uninsured, and Medicaid populations are worried about their housing situation

16% of these populations had to go without stable housing

Transportation Access

About 1 in 4 in the Hispanic/Latino/Other, Low income, Uninsured, and Medicaid populations had to go without transportation

Health Insurance

Hispanic/Latino/Other and Low income populations are about twice as likely to be uninsured than the general population

Community Health Team 1.0

- Centralized service outside of healthcare
- Serving clients with high medical needs
- Limited to serving Medicaid clients
- Grant funded
- Make up of team didn't match population being served
- Location of team limited possibility of warm handoffs

Bridges to Health Pathways 1.0

- Centralized HUB to support funding, training, shared electronic system
- Community Care Coordinators (CHW or equivalent) imbedded in organizations and healthcare
- Cross sector partnerships
- Grant funded
- Community Care Coordinators (CCCs) work part time
- Address whole households

Bridges to Health Pathways 2.0

- Secure Medicaid funding for Medicaid clients, with match for others
- Community Care Coordinators full time dedicated to program
- Data driven decision making to address barriers to care and systemic inequities
- Support for Community Health Worker profession through community of practice, support for advocacy role and training

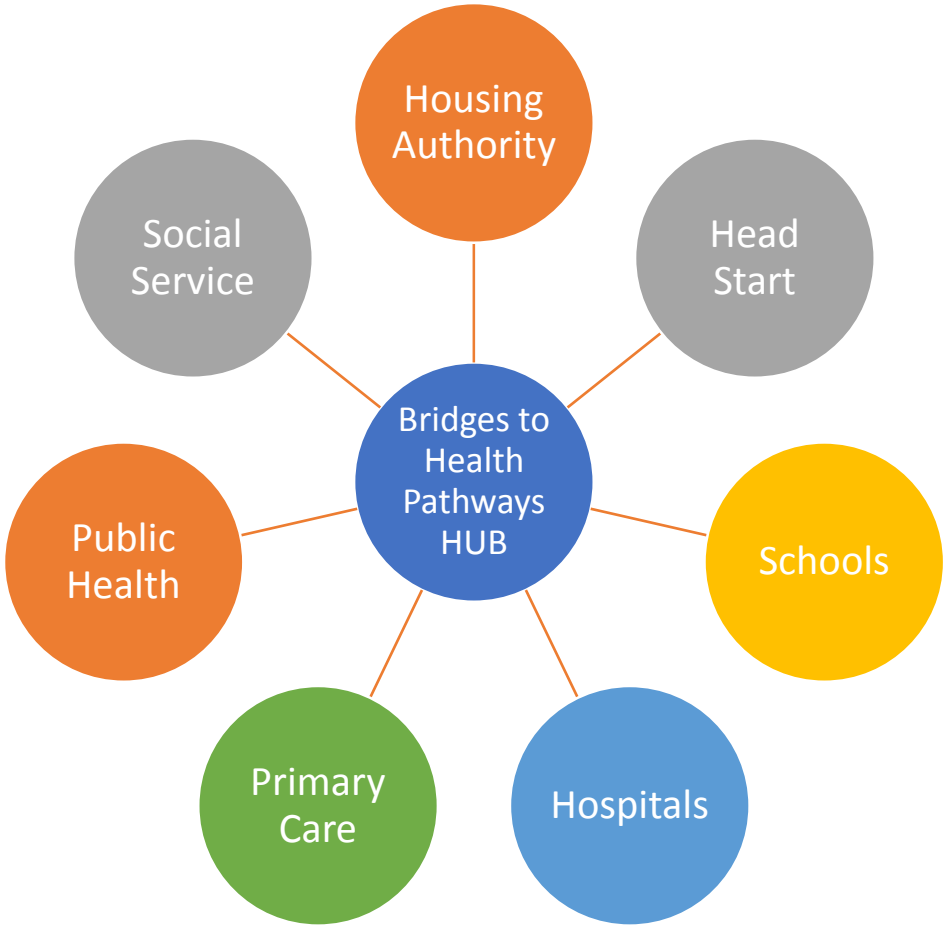
PacificSource Community Solutions

COLUMBIA GORGE HEALTH COUNCIL

Community Health Workers Bridge the Gap

Translate Systems to People and People to Systems

Bridges to Health Pathways Program



Core Pathways (Needs)

- Behavioral Health
- Developmental Screening
- Developmental Referral
- Education
- Family Planning
- Food
- Immunization
- Pregnancy
- Postpartum
- Employment
- Health Insurance
- Housing
- Medical Home
- Medical Referral
- Medication
- Tobacco Cessation
- Social Service Referral: transportation, debt management, utility assistance, legal, documentation, etc.

Clients

Agree to participate

Agree to data sharing with Hub

Community Care Coordinators (CCC/ CHW's)

Employed by own Agency

Trained as CHW's or equivalent

Find eligible clients

Track work

Funders

Contribute money

Articulate goals

Bridges to Health Pathways HUB

Neutral Process Manager
(does not provide client services)

- Quality Improvement/ Compliance
- Operates IT Platform
- Data Collection, Reporting
- Program Evaluation
- Fiscal Responsibility
- Payments to Agencies
- Training for CCCs

Empower Community Members Most in Need to Improve Overall Health and Wellbeing

- Address the needs of the household
- Engage clients where they are

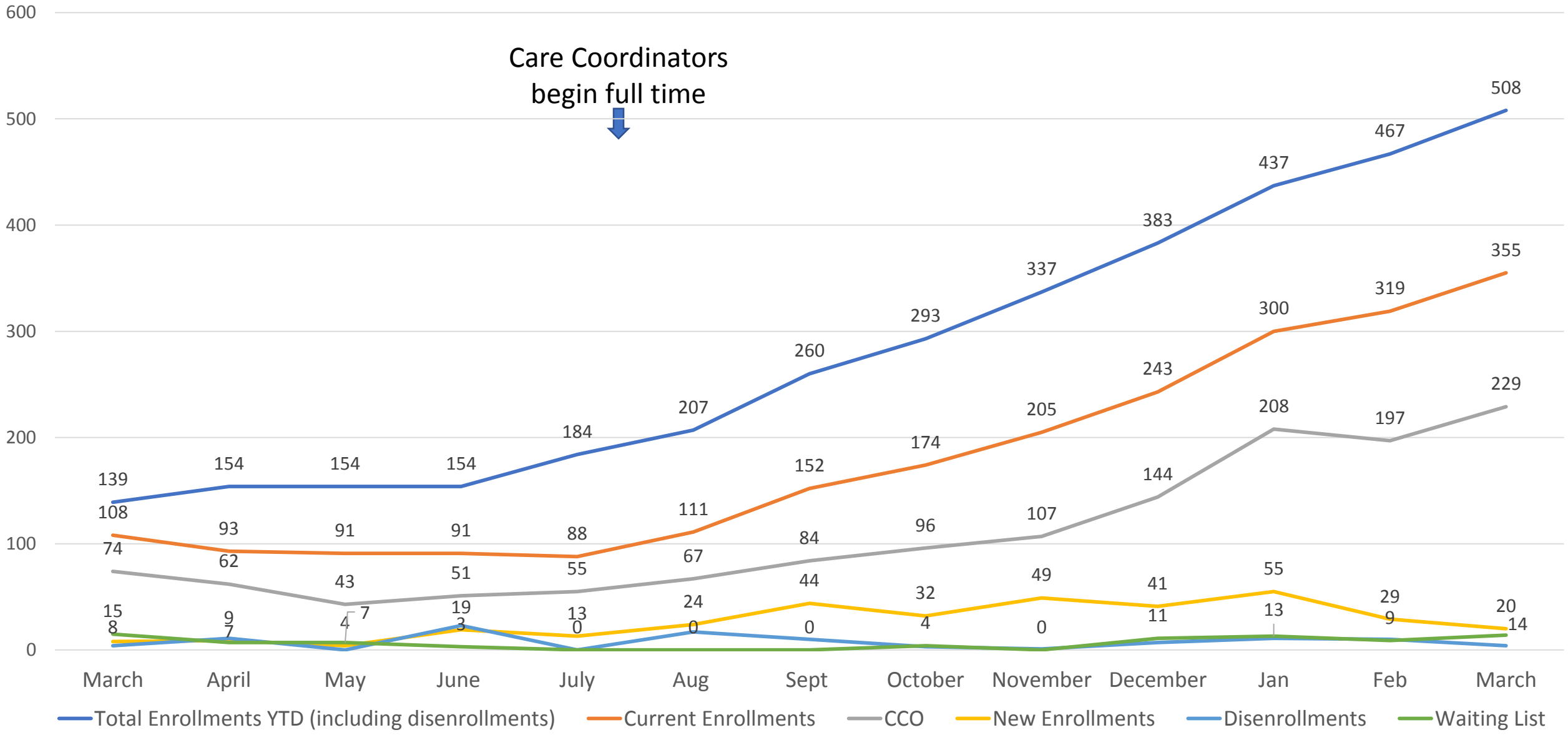
Increase Collaboration of Services in and out of Healthcare

- Standardized Outcomes Based Process
- Data Driven Community Decision Making
- Address System Service Gaps

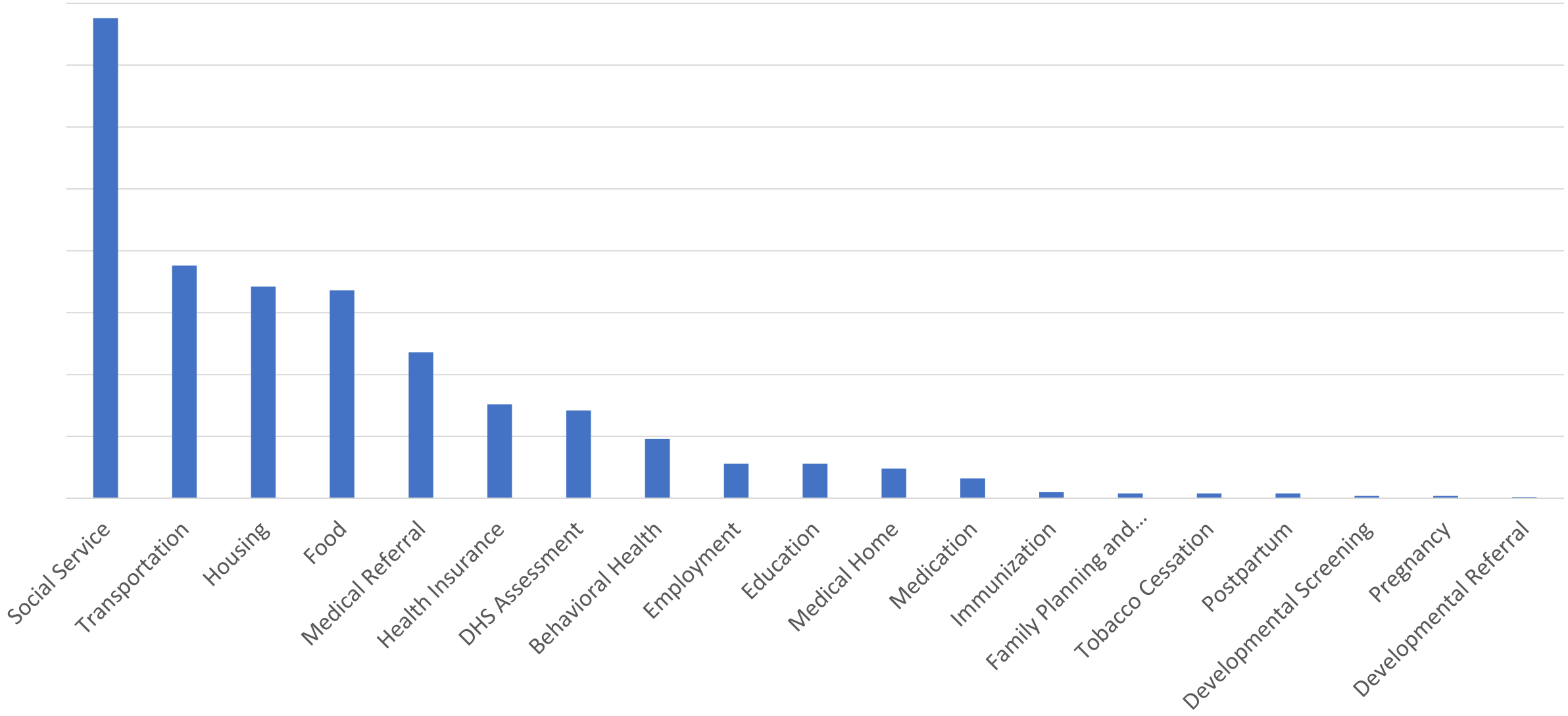
Improve Access to Services and Resources by Addressing Disparities

- Build on Community Strengths
- Limit Duplication of Services
- Identification of Roadblocks

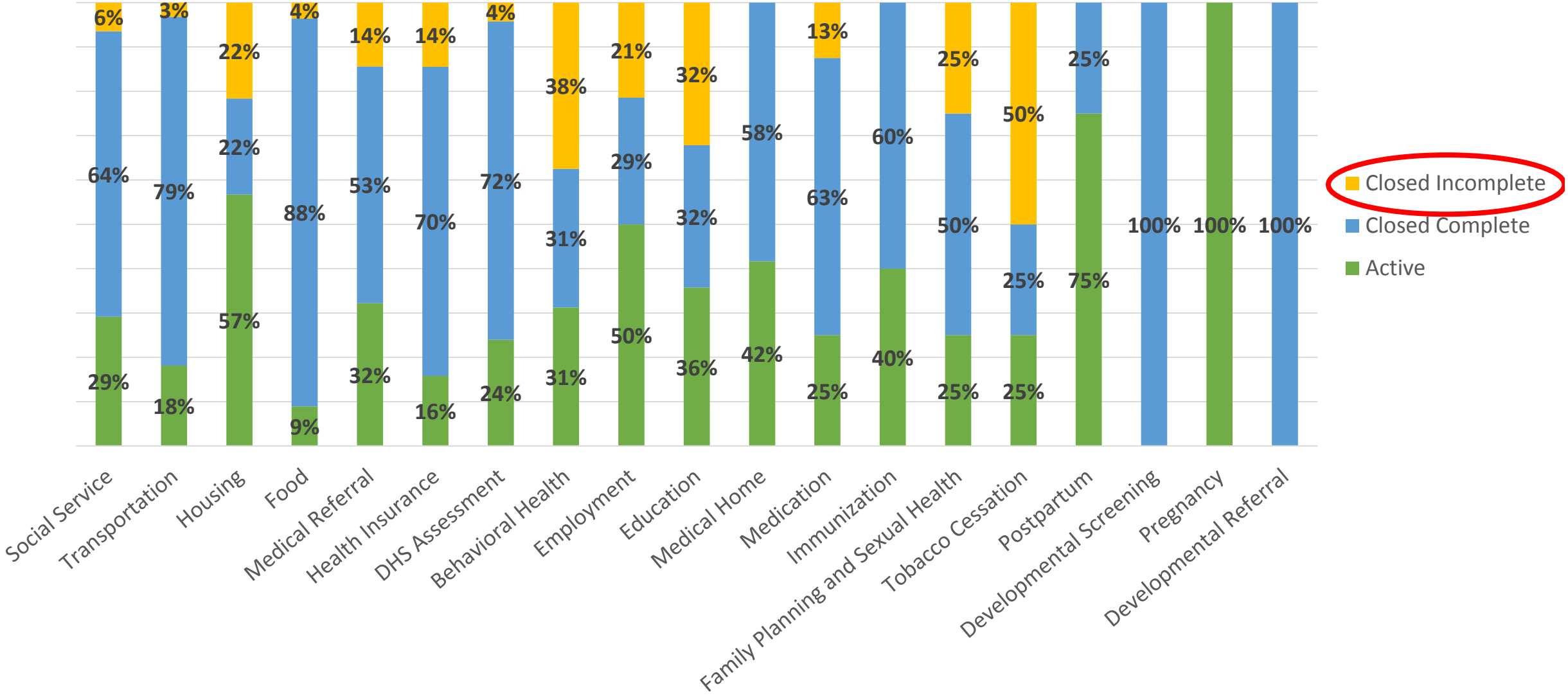
BRIDGES TO HEALTH PATHWAYS ENROLLMENTS



BRIDGES TO HEALTH PATHWAY CLIENT NEEDS



BRIDGES TO HEALTH PATHWAY STATUS



Client Outcomes after 4 months in the program

- Feel better connected to services: 84%
- Feel in good health: 52%
- Feel in fair health: 48%
- Health has gotten better: 32%
- Health has stayed the same: 42%
- Health has gotten worse: 26%
- Quality of life has improved: 74%
- Feel more confident in managing health and health needs: 50%

Client Comments on program:

"Josh gives us hope! Things are getting better! We see some light at the end of the tunnel! Less depression."

"I'm not worried about insurance right now and also have help with financial assistance"

"I have asked for help three times—and got help three times…They helped me when I was desperate and hopeless. I got money for rental application fees and gas money"

"I feel supported, someone is keeping at eye out for me"

"They have helped me achieve housing stability. I have children and it means a lot. It helps keep us together. "

"My care coordinator has helped me understand about my disease"

"Getting housing; very grateful, able to cook and feel I have a sense of belonging. Able to have more networking with resources. Taking steps on getting proper care"

"I know who to call to point me in the right direction"

"Advocacy, help with gas, kept employed and help looking for housing"

"Got a new roof, stalled a foreclosure and kept from losing my home and went to the doctor for the first time in 15 years. Learned about resources. Can call for support. Got homeowners insurance"

"I appreciate the help and support with all the paperwork and phone calls- it's daunting for me to try to deal with these things"

"I got help with resources, services, keeps me more active "

"I was able to get help with my diabetes- an elliptical, measuring cups, and little books. Logs, that she made for me. I wouldn't be able to do this or pay for these on my own"

Every great dream begins with a dreamer. Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world.” –Harriet Tubman

For More Information

Gladys Rivera
Certified Community Health Worker
Care Management
Providence Hood River Memorial Hospital
gladys.rivera@providence.org
(541) 387-6174

Olivia Little
Community Improvement Strategist
RWJF Culture of Health Prize: rwjf.org/prize
Univ. of WI Population Health Institute
olivia.little@cohprize.wisc.edu
(608) 263-6983

Questions?

Kansas City, MO 2015