The presentation will begin shortly.

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Fostering Hospital-Community Partnerships to Build a Culture of Health
August 24, 2017

Speakers:
• Julia Resnick, Senior Program Manager, Health Research & Educational Trust, American Hospital Association
• Debra Wesley, President, Sinai Community Institute and Executive Vice President, Community Outreach, Sinai Health System
• Sharon Homan, President, Sinai Urban Health Institute
• Elizabeth Keene, Vice President, Mission Integration, St. Mary’s Health System
• Moderator: Eileen Barsi, Population Health/Community Benefit Consultant
Culture of Health

Good health flourishes across geographic, demographic and social sectors.

Business, government, individuals and organizations work together to build healthy communities and lifestyles.

Health care is efficient and equitable.

Attaining the best health possible is valued by our entire society.

Everyone has access to affordable, quality health care because it is essential to maintain, or reclaim, health.

The economy is less burdened by excessive and unwarranted health care spending.

No one is excluded.

Individuals and families have the means and the opportunity to make choices that lead to the healthiest lives possible.

Americans understand that we are all in this together.

Keeping everyone as healthy as possible guides public and private decision-making.
Project Overview

• Part of a grant from the Robert Wood Johnson Foundation

– Creating Effective Hospital-Community Partnerships to Build a Culture of Health

– A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health
Welcome to CHNA Finder, the only source to search and access community health needs assessments from hospitals across the United States.
Learning in Collaborative Communities

• 10 communities with strong hospital-community partnerships
  – Conducted site visits
  – Interviewed hospital and community partners
  – Two in-person meetings for peer-to-peer learning

| Atlantic Health System | Morristown | New Jersey |
| LifeBridge Health | Baltimore | Maryland |
| Providence Health | Portland | Oregon |
| St. Mary’s Health System | Lewiston | Maine |
| St. Vincent Healthcare | Billings | Montana |
| Seton Healthcare Family | Austin | Texas |
| Sharp Health | San Diego | California |
| Sinai Health System | Chicago | Illinois |
| University of Vermont Medical Center | Burlington | Vermont |
| WNC Health Network | Asheville | North Carolina |
Partnership Playbook

• Fostering Hospital-Community Partnerships
  – Informed by lessons learned from LinCC
  – Includes strategies, worksheets and tools
  – Includes detailed case studies
  – Available on www.hpoe.org/partnershipplaybook
## Types of Potential Partner Organizations

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community organizations</td>
<td>Social services organizations, Salvation Army, food banks, parks, zoos</td>
</tr>
<tr>
<td>Educational organizations</td>
<td>Early childhood centers (day care, foster care); primary, secondary and post-secondary (colleges, universities) schools</td>
</tr>
<tr>
<td>Faith-based organizations</td>
<td>Temples, churches, mosques, other religious or spiritual congregations</td>
</tr>
<tr>
<td>Housing and transportation services</td>
<td>Homeless shelters, housing and land development planning commissions, transportation authorities</td>
</tr>
<tr>
<td>Government</td>
<td>Local (municipal, city, county), state or federal (Dept. of Agriculture, Dept. of Housing and Urban Development) government employees or organizations; prisons; fire and police departments; ambulance services; libraries</td>
</tr>
<tr>
<td>Local businesses</td>
<td>Chambers of commerce, grocery stores, restaurants, manufacturing organizations</td>
</tr>
<tr>
<td>Public health organizations</td>
<td>Public health departments, foundations and institutes</td>
</tr>
<tr>
<td>Service organizations</td>
<td>Lions, Rotary, United Way, YMCAs, Boys &amp; Girls Clubs</td>
</tr>
<tr>
<td>Health care organizations</td>
<td>Other hospitals in the community, federally qualified health centers, community health centers, rural health or free clinics, mental health organizations, pharmacies, walk-in clinics, state hospital associations</td>
</tr>
<tr>
<td>Funding organizations</td>
<td>Health insurance companies, banks, community development financial institutions (CDFIs), social impact bonds, private foundations, universities</td>
</tr>
</tbody>
</table>

*Source: Health Research & Educational Trust, 2016.*
Build and Enhance Partnerships

1. Identify partners
2. Define roles and responsibilities
3. Common goal
4. Identify assets
5. Action plan
6. Evaluate

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**Figure 3. Building a Culture of Health: Potential Partner Worksheet**

Instructions: List organizations in your community that could be potential partners and list their assets.

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**Figure 7. Building a Culture of Health: Partner Roles Worksheet**

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**Figure 10. Building a Culture of Health: Community Collaborative Action Plan**

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American Hospital Association

HRET

Health Research & Educational Trust
Accelerate the Movement

- Share improvement ideas
- Overcome obstacles
- Sustainability
- Reflect and celebrate your progress
- Conduct your own site-visit!

Sample Agenda for Two-day Hospital and Community Site Visit

<table>
<thead>
<tr>
<th>WEDNESDAY, APRIL 13</th>
<th>THURSDAY, APRIL 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Community Experience</td>
<td>The Health Care and Hospital Experience</td>
</tr>
<tr>
<td>8:30-9:45 Introductory Session: Welcome and learn about Sinai/LBH in general, Breakfast</td>
<td>8:30-9:30 Debrief and Introduction of the day, Breakfast</td>
</tr>
<tr>
<td>9:45-10:30 Sinai Community Care Tour</td>
<td>9:30-10:00 Perinatal Mental Health Professional Study Group: Meeting</td>
</tr>
</tbody>
</table>

Practical Tips for Successfully Sharing Improvement Ideas

- **Do**: Create a scalable process before starting to spread.
- **Do**: Start with small, local wins and spread out from there.
- **Do**: Choose a spread that aligns with your objectives.
- **Do**: Reflect and celebrate your progress.

NOT TO DO: A spread large improvement too quickly from small wins.

NOT TO DO: Don’t spread the same intervention everywhere.

NOT TO DO: Spread the same intervention everywhere.

NOT TO DO: Spread the same intervention everywhere.

NOT TO DO: Spread the same intervention everywhere.

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NOT TO DO: Spread the same intervention everywhere.

NOT TO DO: Spread the same intervention everywhere.

Figure 12. Celebrate Your Progress
3 Key Plays

1. Establish sustainable partnership structures
2. Address social determinants of health
3. Positively impact health outcomes across communities
| Hospitals        | • Mount Sinai and Holy Cross  
|                  | • Schwab Rehabilitation  
|                  | • Sinai Children’s         |
| Health and Human Services | • Sinai Community Institute  |
| Research and Evaluation     | • Sinai Urban Health Institute |
| Clinical Care            | • Sinai Medical Group      |
Sinai Community Institute

*Identifying and eliminating barriers that impact the social wellbeing and health status of the individual, families and their community*
Sinai Community Institute: Our Model

Solution-Focused

Partnerships

Family Based

Assets

Community Needs
- Health Care
- Housing
- Employment
- Food
- Safety
- Education
- Clothing
- Recreation

[Image of a family enjoying outdoor activities, including reading a book]
SCI’s Approach: Intensive Case Management

Professional and credentialed case managers provide:

COMPREHENSIVE IN-HOME ASSESSMENT

- Assess psycho/socio/financial benefit/educational challenges
- Conduct environmental assessment
- Conduct Health history
- Assess Risk: e.g., safety, abuse, mental health, cognitive

CARE PLANNING IMPLEMENTATION, and COORDINATION

- Monthly home visits (at minimum)
- Monitor services and referrals

CASE CLOSURE

- Transition to highest level of function possible
- Attain best possible outcome
- Assure needs met
Addressing the Social Determinants of Health through Partnerships

Range of Services

- Community health outcomes
- Enhancing Economic opportunities
- Supporting Strong healthy families
- Developing the potential of children and youth
- Building strong community partnerships
## Addressing the Social Determinants: Supporting Strong Healthy Families

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Parenting Institute</td>
</tr>
<tr>
<td>2.</td>
<td>SOS Children’s Village Parenting Education</td>
</tr>
<tr>
<td>3.</td>
<td>Sinai Window of Opportunity School Health Initiative</td>
</tr>
<tr>
<td>4.</td>
<td>Family Strengthening Program</td>
</tr>
<tr>
<td>5.</td>
<td>Family Development Initiative</td>
</tr>
<tr>
<td>6.</td>
<td>Adolescent Health Comprehensive Project</td>
</tr>
<tr>
<td>7.</td>
<td>Learn Together After School</td>
</tr>
<tr>
<td>8.</td>
<td>Youth Ambassadors Program</td>
</tr>
<tr>
<td>9.</td>
<td>In-home Early Childhood Readiness Program</td>
</tr>
<tr>
<td>10.</td>
<td>POWER Violence Prevention Program</td>
</tr>
<tr>
<td>11.</td>
<td>Mentoring Program</td>
</tr>
<tr>
<td>12.</td>
<td>Social Emotional Educational Services - Chicago Public Schools</td>
</tr>
<tr>
<td>13.</td>
<td>Juvenile Intervention Support Center</td>
</tr>
</tbody>
</table>
Addressing the Social Determinants of Health through Partnerships:

- Medicaid and Marketplace Insurance Enrollment
- Sinai Health System Patient Physician Education Program

- Adult Abuse and Neglect Program
- Kraft Healthy Living Program

- Salsa, Sabor y Salud (A Healthy Lifestyles Program)
- Sinai Health Promotions

- Fresh Start/Family Support Services
- North Lawndale Immunization and HIV Education Program

- How Healthy Is Your Zip Code?
- Male Responsibility Program

- Sinai Health Ministry Program
- Sinai Premier Years
# Addressing the Social Determinants: 
**Enhancing Economic Opportunities**

<table>
<thead>
<tr>
<th>TRAINING</th>
<th>YOUTH AND FAMILY PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Training and Employment Workforce Development Services</td>
<td>8. Family Enterprise Institute</td>
</tr>
<tr>
<td>2. Training and Employment Services for Victims of Domestic Violence</td>
<td>9. Summer Youth Employment Initiative</td>
</tr>
<tr>
<td>3. CNA training</td>
<td>10. Chicago’s YouthNet Program</td>
</tr>
<tr>
<td></td>
<td>12. Sinai Health Careers Club</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYMENT CAPACITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Incubated North Lawndale Employment Network</td>
</tr>
<tr>
<td>2. North Lawndale Community Micro Loan Program</td>
</tr>
<tr>
<td>3. Sinai Technology Center</td>
</tr>
</tbody>
</table>
Positively Impacting Health Outcomes across Communities

**FY 2017 Successes include…**

- Served 28,000+ individuals
- 18,000 senior visits at West Town and Roseland Senior Centers
- Adult Protective Services investigated 484 alleged older person abuse
- Provided Intensive Case Management Services to 1,759 MCH clients
- Over 16,000 women and children benefit from WIC services
- 143 young adults placed into 36 summer employment placements
- 95 Sinai Leadership Service Corps provided 212 community engagements via 530 hours of community service valued at $13,223
- In response to current federal policies, established an Immigration and Deportation Action Plan to support staff, patients and community members
Sinai Urban Health Institute

Working to achieve health equity among communities through excellence and innovation in data-driven research, interventions, evaluation and collaboration.
Sinai Urban Health Institute: Our Model

COLLECT DATA
Assess resources, assets, and needs with the community

EVALUATE
Determine effectiveness, sustainability, and potential to scale up

IMPLEMENT CHANGE
Foster investment and establish new initiatives

DISSEMINATE FINDINGS
Share with community members and advocates

DEVELOP INITIATIVES
Work in partnership to prioritize issues

All communities thriving in health
Sinai Model in Action

**IDENTIFY**
Health Equity & Assessment Research
- Sinai Community Health Survey
- Community Health Needs Assessment
- Social Epidemiology

**ADDRESS**
Community Health Interventions
- Asthma
- Breast Health
- Diabetes
- CROWD

**EVALUATE**
Evaluation
- Program Evaluation
- System Evaluation
- Capacity Building

**CONSISTENT COMMUNITY ENGAGEMENT**
IDENTIFY

Identifying Health Inequities

Example: Sinai Community Health Survey 2.0
1. Document
2. Understand
3. Translate
Health Outcomes

General Health Status

Quality of Life

Health Behaviors (30%)
- Diet & Exercise
- Drug, Alcohol, and Tobacco Use
- Intimate Partner Violence
- Sleep

Clinical Care (20%)
- Access to Care
- Health Care Use
- Insurance Status
- Perceptions of Care
- Vaccinations

Social & Economic Factors (40%)
- Criminal Justice Experiences
- Discrimination
- Food Insecurity
- Immigration & Acculturation
- Religion

Physical Environment (10%)
- Neighborhood Safety
- Housing & Homelessness
- Social Cohesion

Policies & Programs

Adapted County Health Rankings model

Full topic list available at www.sinaisurvey.org
Community Engagement at Every Step

- Question selection
- Community context
- Dissemination planning
  - Topic prioritization
  - Infographics
  - Community forums
Tailored Dissemination

Community Health Counts
SINAI COMMUNITY HEALTH SURVEY 2.0
March 2017

Ansiedad en La Villita

¿Qué es la Ansiedad?
Un grupo de trastornos con síntomas de preocupación excesiva y tensión continua.

La ansiedad puede:
- Aumentar la presión arterial
- Dañar relaciones
- Afectar el trabajo y la escuela
- Ocurrir con depresión

Síntomas comunes
- Inquietud
- Problemas para dormir
- Excesivamente vigilante
- Desesperado/nervios de punta
- Preocupación constante
- Nerviosismo

CUALQUIER PERSONA puede desarrollar ansiedad

Lo que usted puede hacer

- Comuníquese con un profesional

Mount Sinai Hospital
Behavioral Health
1500 S. Fairfield Ave
773-257-6672

- Hable con un ser querido, amigo o alguien en su comunidad de fe

¿Pensamientos de suicidio? Llame a 1-800-273-8255 o envíe texto al 741741

Para obtener más información sobre la salud en su comunidad, visite www.sinaisurvey.org
Up Next

Phase 2 Dissemination*

- Community Health Profiles
- Policy Briefs
- Child Data Snapshots
- Chicago Health Atlas

*Healthy Communities Foundation (HC) support

Phase 3 Implementation

- Mobilization Action Toward Community Health
- Evidence-informed intervention strategies, technical assistance, and evaluation support in community setting

TRANSLATION
ADDRESS

Addressing Health Inequities

Example: Community Health Worker Model
Sinai Community Health Worker Model

CHW in Health Care Settings

- Manage asthma, breast health, diabetes:
- Hiring, training, and supervising CHWs
- Integrating CHWs into health care systems

Center for CHW Research Outcomes and Workforce Development (CROWD)*

*Current HCF support
EVALUATE

Addressing Health Inequities

Example: Evaluation Capacity Building
Assessing Impact

• Internal and external evaluation, e.g.,
  – Sinai Behavioral Health System of Care
  – Metropolitan Chicago Breast Cancer Task Force
  – Community-based organization capacity building

• Evidence-based best practices
  – CDC Evaluation Framework
  – Getting to Outcomes
debra.wesley@sinaig.org
sharon.homan@sinaig.org
108,000 People

Oldest county in the oldest state in the nation

A snapshot of downtown

100% students eligible for school meals

2/3 students immigrants and refugees

59% downtown residents don’t own a car
St. Mary's
Regional Medical Center
COMMUNITY HEALTH NEEDS ASSESSMENT 2016
The GHHI Model

- Philanthropy
- Federal/State/Local
- Private Sector

- Learning Network & Collaborative
- Single Intake System
- Comprehensive Assessment
- Coordinated Services
- Integrated Interventions
- Cross-Trained Workers
- Shared Data

Root cause remediation for:
- Indoor air quality
- Pest Management
- Mold/mildew/moisture
- Other environmental health triggers

©2015 Green & Healthy Homes Initiative. All rights reserved.

www.ghhi.org
Neighbor to Neighbor Class
Hunger, nutrition and obesity - a snapshot

Childhood Hunger

Childhood poverty rate is 43%, nearly twice the state average.

Longley elementary school:

100% of children eligible for School Lunch.

Food Access

60% downtown residents don’t own a vehicle.

Cost of healthy food is 40% more expensive in downtown stores.

Poor Nutrition

Adult Obesity rate is 38%, the state average is 29%.
GROW
COOK
SHARE
PROMOTE
MAKE
accessible
GOOD FOOD
COMMUNITY FOOD ASSESSMENT
LEWISTON, MAINE 2013

Good Food Council of Lewiston-Auburn

GFCLA Vision:
Lewiston-Auburn bustles with people sharing good food that is healthy, affordable, and accessible, and that honors the enduring values, rich cultural heritage, and diverse needs of our population.

L-A COMMUNITY FOOD CHARTER

Because we believe good food:
• Is safe and nutritious, enabling people to live healthy, active lifestyles, and helping children learn and play;
• Supports a strong local economy and a thriving food system;
• Is produced with respect for and provides livable wages to workers;
• Stewards and conserves natural resources for future food production, and
• Fits cultural and/or religious beliefs.

https://goodfood4la.org/resources/community-food-assessment/
Addressing hunger, nutrition and obesity - a snapshot

Growing Food

120 community gardeners grow food for their families (just 14 gardeners in our 1st year)

Strengthening Farms

20+ local producers sell year round at the Lewiston Farmers' Market

Fighting Hunger

40,000 pounds of fresh produce in 9000 boxes given to families in need
Addressing hunger, nutrition and obesity - a snapshot

**Nourishing Community**

1200 people cook & enjoy food together at different sites in Lewiston-Auburn

**Training Youth**

50+ teens graduate from leadership and job training programs (just 5 youth in our 1st year)

**Teaching Kids**

40 classrooms learn with us in school gardens
St. Mary’s Health System
A Member of Covenant Health

Elizabeth Keene, VP, Mission Integration
ekteene@stmarysmaine.com
Please click the link below to take our webinar evaluation. The evaluation will open in a new tab in your default browser.

https://www.surveymonkey.com/r/aha_webinar_08-24-17
Q & A
Upcoming Webinar

Housing and the Role of Hospitals

September 21, 2017

Register here
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@communityhlth