

HPOE *Live!*

2016 Webinar Series

The presentation will begin shortly.

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Creating Effective Community Partnerships to Build a Culture of Health

June 28, 2016



American Hospital
Association

HRET

HEALTH RESEARCH &
EDUCATIONAL TRUST
In Partnership with AHA

Building a Culture of Health: Joining Forces, Taking Action, Advancing Equity

Amy Slonim, Senior Program Officer



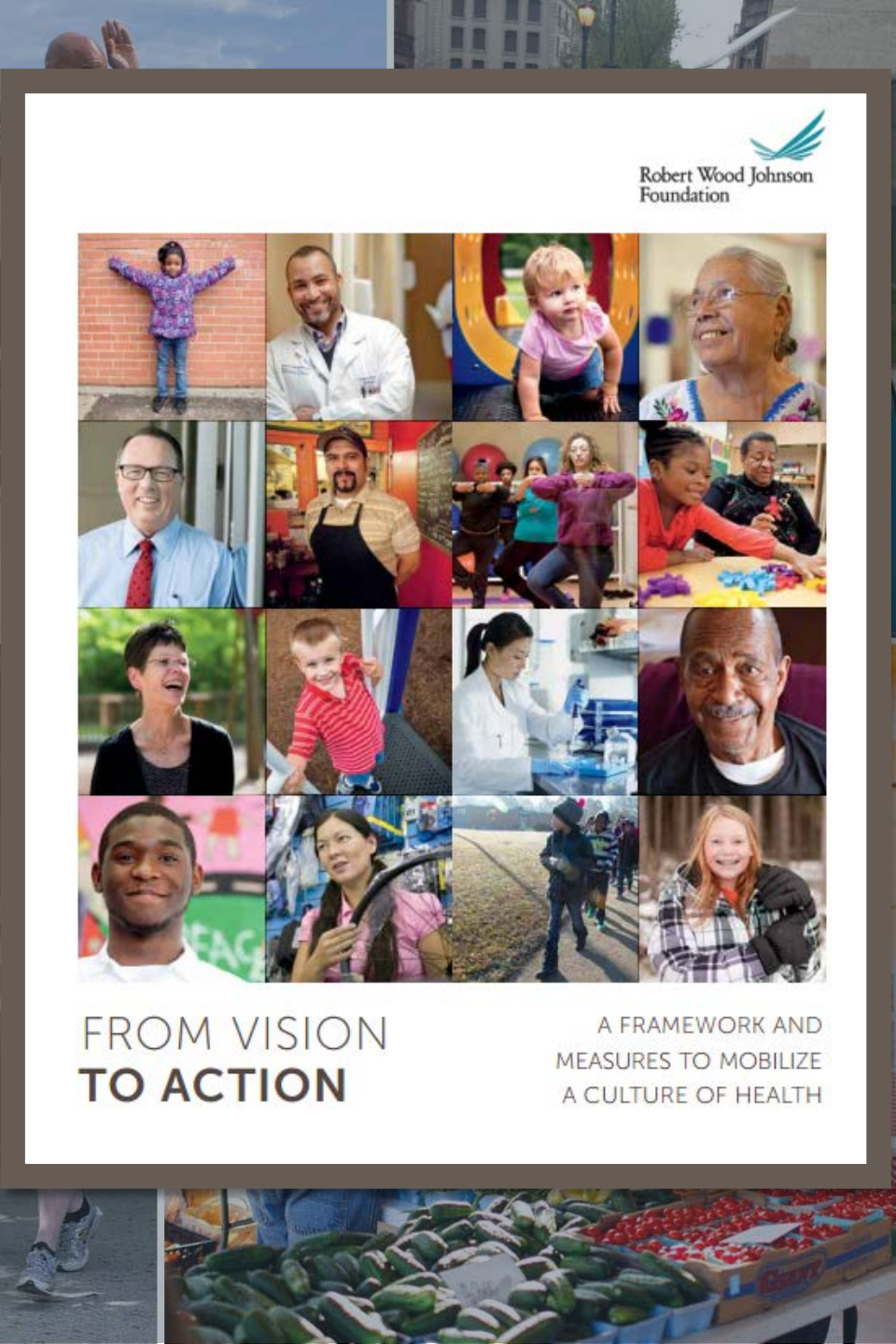
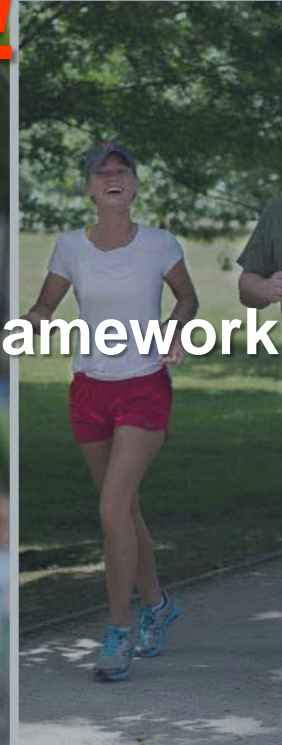
Robert Wood Johnson Foundation

Our vision
is that we, **as a nation**, will
strive together to build a
Culture of Health **enabling all**
in our diverse society to lead
healthier lives, now and for
generations to come.



Culture of Health: *From Vision to Action*

www.rwjf.org/actionframework



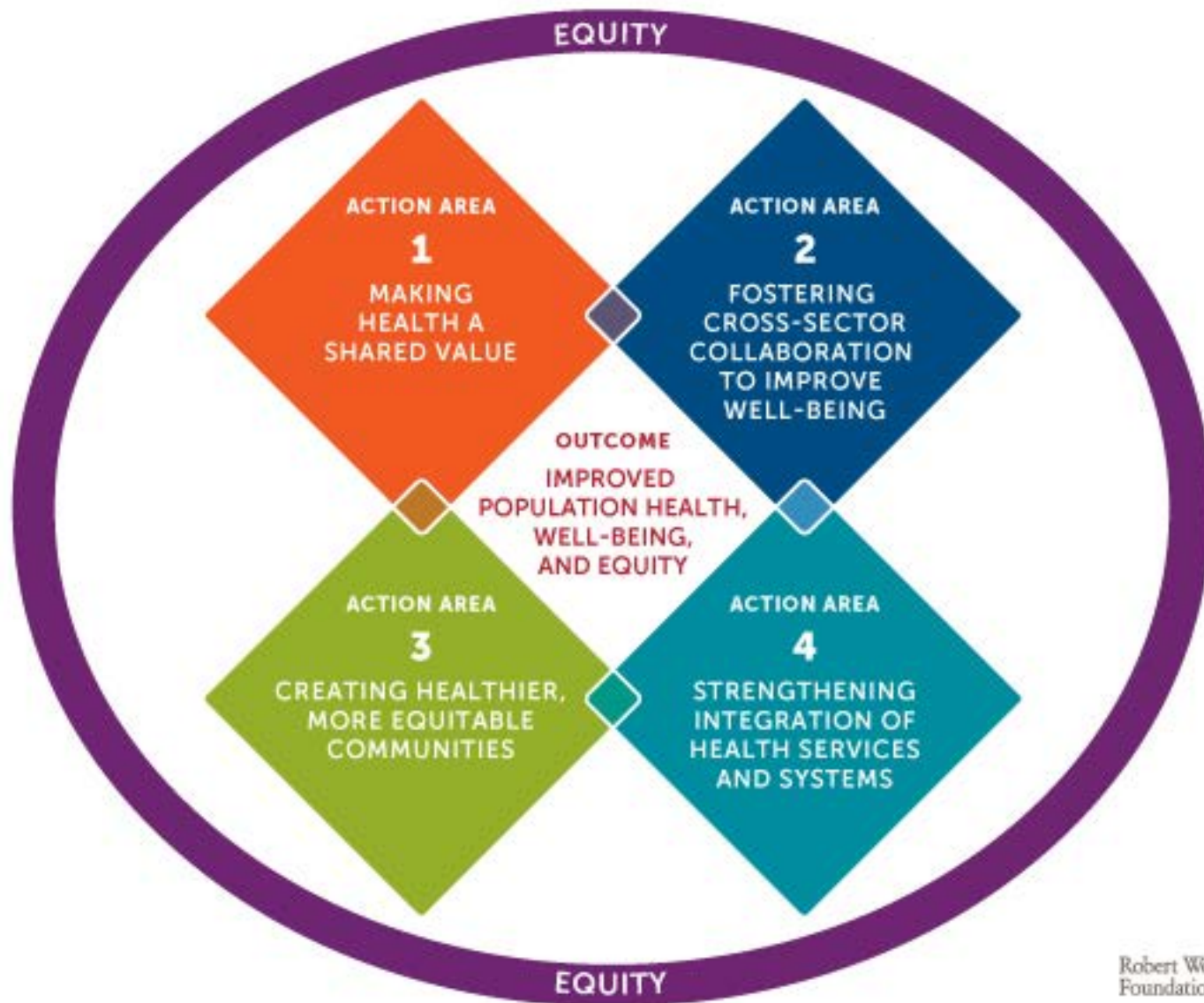
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FROM VISION
TO ACTION

A FRAMEWORK AND
MEASURES TO MOBILIZE
A CULTURE OF HEALTH

CULTURE OF HEALTH ACTION FRAMEWORK



Communicating Priorities to Catalyze Action

Drivers represent:

- 'Engine' of the Framework
- Long-term priorities
- Areas within which RWJF hopes to catalyze action



Speakers

- **Heather Jorna**, Vice President for Health Care Innovation, Health Research & Educational Trust
- **Michelle J. Lyn**, Assistant Professor and Chief, Division of Community Health, Duke Health
- **Gayle B. Harris**, Public Health Director and General Manager for Community Well-being, Durham County Department of Public Health
- **Leann Tobin**, Director of Marketing and Public Relations, Montrose Memorial Hospital
- **Jessica Beller**, EdD Director of Instructional Services, Montrose County School District



Overview of HRET/RWJF Project

- Part of a grant from the **Robert Wood Johnson Foundation**
 - Purpose: To examine partnerships between hospitals and community organizations and understand what makes for **effective partnerships**
 - How can hospital and community organization partnerships help to create a **Culture of Health** in their communities?



Methodology

- Identified diverse sample of 25 communities from AHA/ACHI Population Health Survey
 - Conducted interviews with leaders from both the hospital and community organization(s)
 - Analyzed qualitative results
 - Reviewed supporting documentation
- Creating Leadership Guide
 - Includes case studies
 - Will be available on www.hpoe.org



Study Population

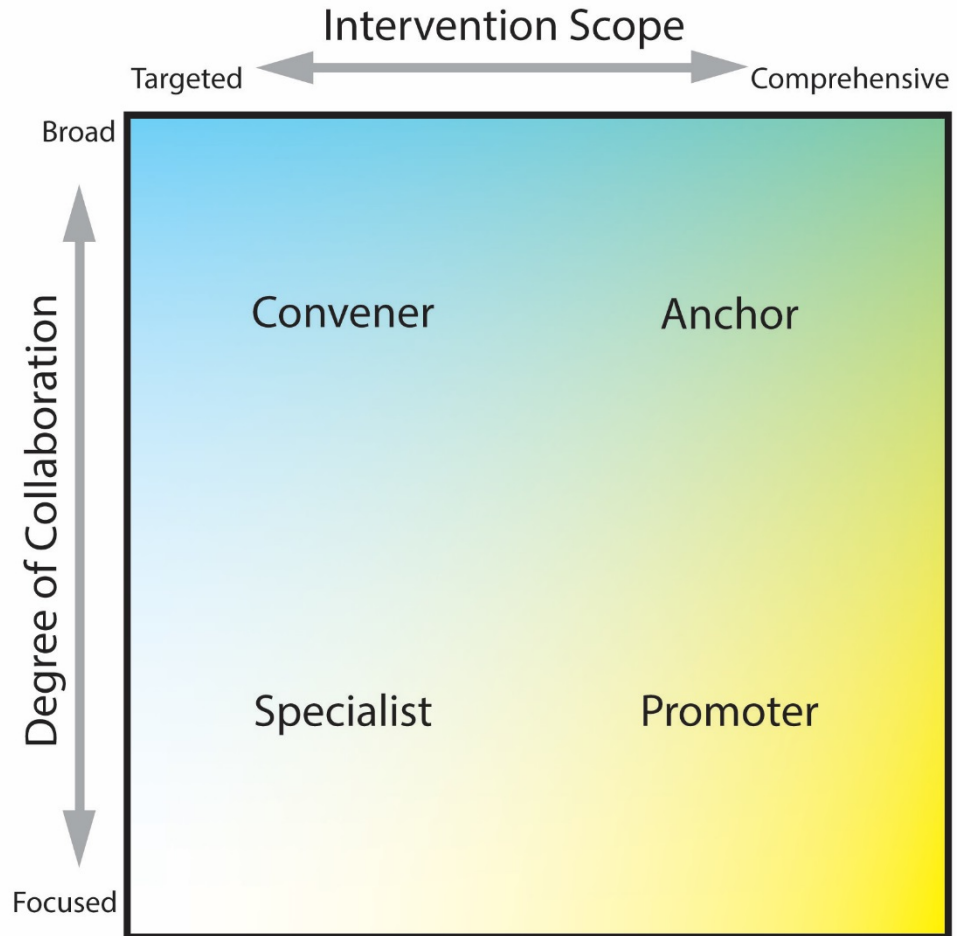


Types of Partners

Category	Examples
Community Organizations	Social services organizations, Salvation Army, food banks, parks, zoos
Educational Organizations	Early childhood (day care, foster care), primary, secondary and post-secondary (college, university)
Faith-based Organizations	Temples, churches, mosques or other religious or spiritual congregations
Housing and Transportation Services	Homeless shelters, housing and land development planning commissions, transportation authorities
Government	Local (municipal, city, county), state or federal government individuals or organizations (Dept. of Justice, Dept. of Agriculture, HUD), as well as prisons, fire and police departments and ambulance services
Local Businesses	Chamber of Commerce, grocery stores, restaurants, manufacturing organizations, etc.
Public Health Organizations	Public health departments, foundations, institutes
Service Organizations	Lions, Leagues (Rotary Club), United Way, YMCAs, Boys and Girls clubs
Health Care Organizations	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

Roles in Community Health

- **Specialist:** Focuses on a few specific issues
- **Promoter:** Supports other organizations' initiatives
- **Convener:** Brings together hospital and community stakeholders to work toward shared goals
- **Anchor:** Leads initiatives to build a culture of health



Strategic Considerations

- Effective leadership, governance and organizational structures
- Aligned mission, vision and goals
- Clearly defined roles and responsibilities
- Operational structures and processes
- Programs and interventions to address community needs
- Assessing the partnership
 - Intervention impact
 - Partnership effectiveness



Creating a Culture of Health the Durham Way

**HRET Webinar: Creating Effective Community Partnerships to Build a Culture of Health
June 28, 2016**

Gayle B. Harris, MPH, RN
Michelle J. Lyn, MBA, MHA

Overview

- Snapshot of Durham County
- Partnership for a Healthy Durham
- Improving Health Equity
- Use of County Health Rankings
- Creating a Culture of Health
 - Before “The Prize”
 - After “The Prize”

Durham



- 2015 population (est.): 300,952
- 4th largest city in North Carolina
- Area: 298 sq miles
- 17% residents below poverty level
- 85% of residents live within the City of Durham

Race

- 53% White (42% non-Hispanic)
- 38% African Americans
- 9% Other


Ethnicity

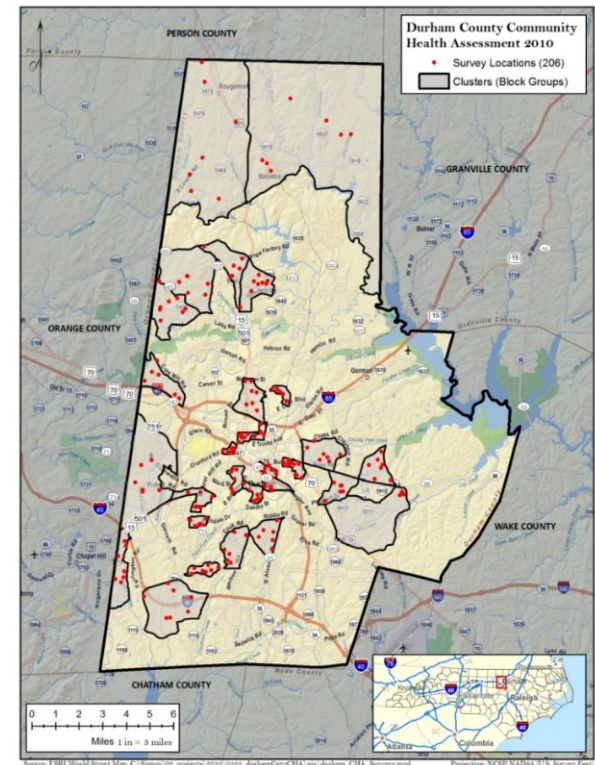
13.4% (any race) Hispanic



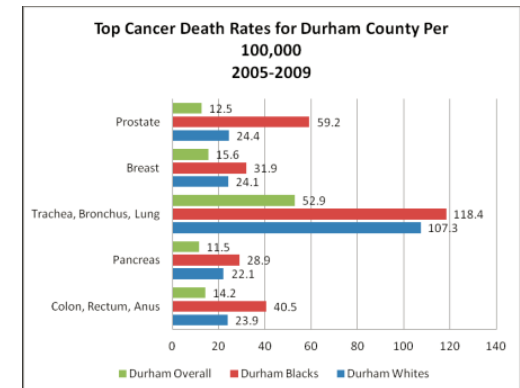
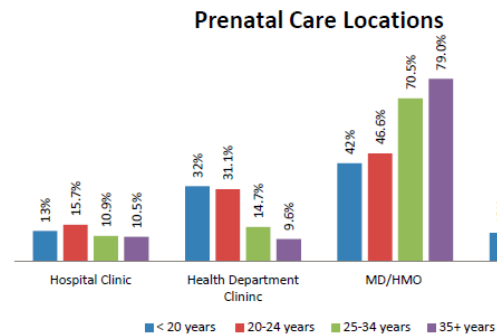
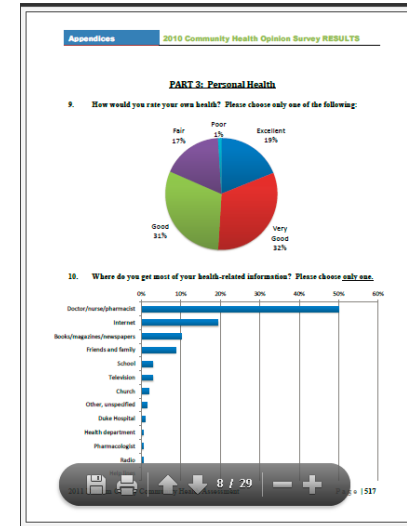
- Community coalition – the place to hold conversations on health and take action on Durham’s health priorities
- 500 active members
- Health department became coordinating agency in 2004; conversations occurred in the prior 20+ years
- Senior Leadership Team Members from Duke Hospital and Duke Regional Hospital as well as Duke Division of Community Health and Office of Community Relations Appointed to all Partnership Committees.
- Partnership for a Healthy Durham
(www.healthydurham.org)

Community Health Assessment

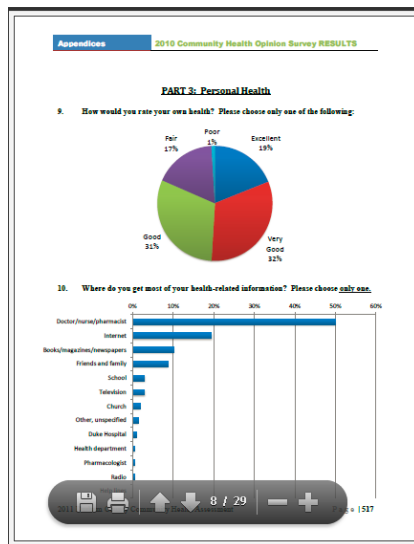
- NC Division of Public Health requirement
 - At least every four years
 - Part of Health Department accreditation
 - Healthy Carolinians initiative
 - Affordable Care Act requirement
 - Every three years
 - Non-profit hospitals
- 



CHA Process: Collect Data



CHA Process: Use Data to Set Priorities



Partnership for a Healthy Durham, 2012- 2014 health priorities:

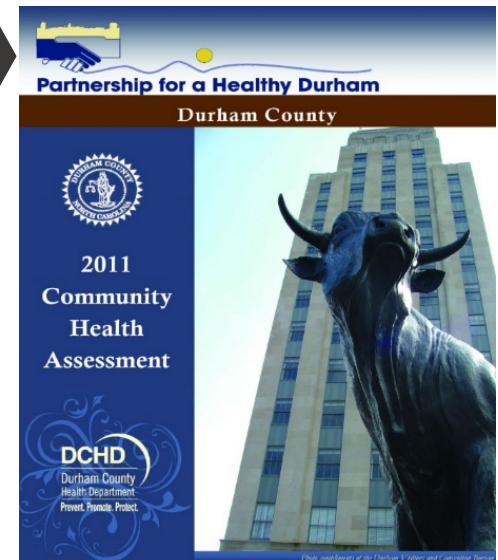
1. Obesity and chronic illness
2. Poverty
3. Education
4. Access to medical and dental care
5. Mental health and substance abuse
6. HIV and sexually transmitted infections



Table 2.01(a)

Matrix of Original Top 13 Health Priorities

Top 13 Durham Health Priorities	Healthy NC 2020 Objectives	Top community issues from survey	Top causes of death
Access to medical and dental care	Uninsured / Oral health	Healthcare Access	
Cancer	Cancer - colorectal	Cancer	All Cancer
Diabetes	Diabetes	Diabetes	Diabetes Mellitus
Drug / alcohol abuse	Substance abuse / use	Addiction to alcohol, drugs, pills/meds	Assault / Homicide
Healthy eating and exercise	Obesity/ physical activity/ Nutrition	Obesity/overweight; Nutrition/Exercise; Transportation & Safety	Diseases of the Heart; Diabetes
Heart Disease	Cardiovascular disease	Heart disease/heart attacks	Heart Diseases; Cardiovascular Disease
HIV/ STIs	HIV / STIs	Having unsafe sex	
Infant deaths	Infant mortality		Infant Mortality
Mental health	Emergency department mental health / suicide	Mental health	Suicide, Alzheimer's
Neighborhood safety: Violence, gangs, homicide	Homicide	Violent Behavior; Reduced Crime/ Neighborhood Watch; Gang involvement	Assault / Homicide
Poverty and Education: Housing, Poverty, High school graduation	Housing, Poverty, High school graduation	Homelessness; Gang involvement; Community Unity; Unemployment	
Teen health	Unintended pregnancies	Having unsafe sex; Population growth; positive teen activities	
Unintentional injuries: car crashes, work-related, falls, poisonings	Motor vehicle crashes, falls, poisonings, work-related injuries	Alcohol abuse; Reckless/drunk driving	Motor vehicle injuries



Community Action Plans

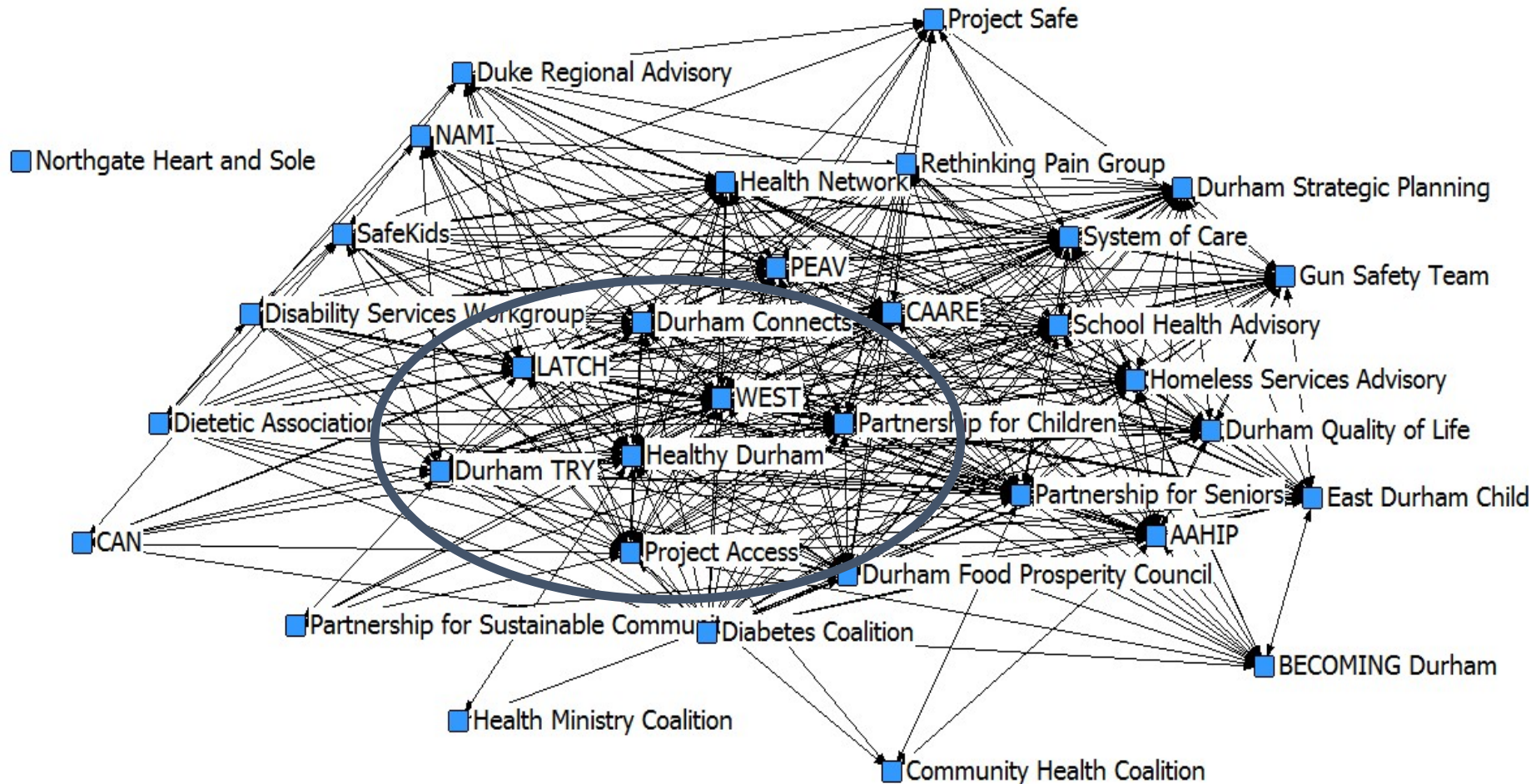
3-year Community Health Action Plans for each priority that include:

- Evidence-based interventions
- Ways to impact health disparities
- Community partners and responsibilities
- Policy and environmental changes
- Evaluation plan

Health Priorities (2015-2017)

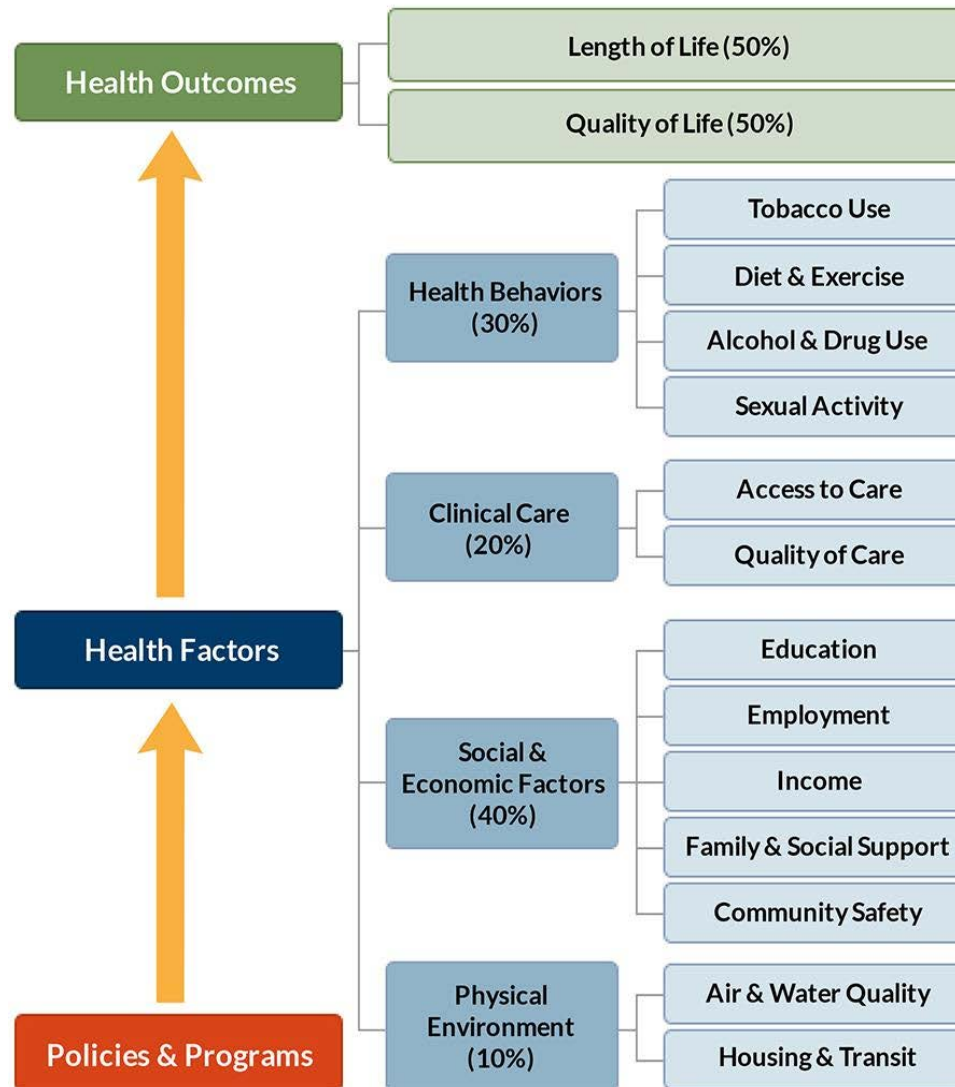
- Obesity and chronic illness
- Poverty
- Education
- Access to medical and dental care
- Mental health and substance abuse
- HIV and sexually transmitted infections

Partnership for a Healthy Durham: Most Networked Partnership



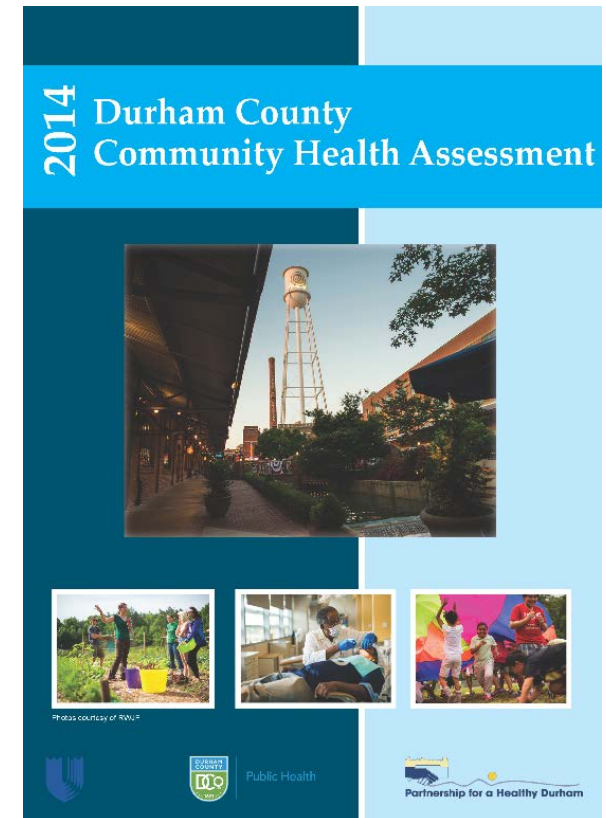
How Durham Has Used County Rankings & Roadmaps

County Health Rankings Model



Uses of the County Health Rankings

- 2014 Community Health Assessment:
 - Durham's rank among counties
 - Data and research
 - Recommended strategies
- Press releases
- Community Health Improvement Plans
 - What Works for Health



What Works for Health



Physical Activity, Nutrition and Chronic Illness Evidence-Based Strategies From County Health Rankings & Roadmaps

<http://www.countyhealthrankings.org/roadmaps/what-works-for-health>

Physical Activity

Scientifically Supported

Access to places for physical activity

Enhancing access to places for physical activity involves changes to local environments (e.g., creating walking trails), building exercise facilities, providing access to existing nearby facilities, and reducing the cost of opportunities for physical activity.

Fitness programs in community settings

There is strong evidence that fitness and exercise programs offered in community settings increase physical activity levels and improve physical fitness for participating adults and older adults, particularly when these activities are offered with social support interventions

Improve streetscape design

Improvements to streetscape design can include increased street lighting, enhanced street landscaping, increased sidewalk coverage and connectivity of pedestrian walkways, street crossing safety features, and traffic calming measures. Streetscape design improvement projects typically include elements from more than one of these categories.

Point of decision prompts: physical activity

Point-of-decision prompts are motivational signs placed on or near stairwells, elevators, and escalators to encourage individuals to use stairs.

Some Evidence

Bike/pedestrian master plans

Bicycle and pedestrian master plans establish a framework to increase walking and biking trails, and improve connectivity of non-auto paths and trails in a particular locality.

Nutrition

Some Evidence

Community gardens

There is some evidence that community gardens improve access to and consumption of fruits and vegetables. Community gardens can also increase physical activity for gardeners. Community gardens are a suggested strategy to increase fruit and vegetable availability in food deserts, promote healthy eating, and reduce obesity.



Corner stores: healthy foods

There is some evidence that offering fresh produce and other healthy foods in corner stores increases access to and purchasing of healthy foods, especially in food deserts and low income urban and rural communities. Establishing financial incentives for corner stores to increase availability and variety of healthy foods and beverages is a suggested strategy to prevent obesity

Point of decision prompts: healthy food choices

Point-of-decision prompts are motivational messages such as signs and power point presentations placed near fruits, vegetables and other items to encourage individuals to purchase these healthier food options.

Physical Activity and Nutrition

Scientifically Supported

Multi-component obesity prevention programs

Multi-component interventions include a combination of educational, environmental, and behavioral activities such as: nutrition education, aerobic/strength training and exercise sessions, training in behavioral techniques, and specific dietary prescriptions.

Worksite obesity prevention programs

Worksite nutrition and physical activity programs use educational, environmental, and behavioral strategies to improve health-related behaviors and health outcomes. These programs may include written materials, skill-building (e.g., cue control), individual or group counseling, improved access to healthy foods (e.g., changing cafeteria or vending machine options), and opportunities to be more active at work (e.g., on-site facilities for exercise or standing/walking workstations).

Tobacco Use

Scientifically Supported

Mass media campaigns

Mass media campaigns seek to reach large audiences through television, radio broadcasts, print or digital media, or other displays. Such campaigns typically seek to prevent tobacco initiation or increase quit attempts by educating current and potential tobacco users and changing the attitudes and beliefs that contribute to tobacco use.

Reduce cost for tobacco cessation therapy

Interventions that reduce the cost of tobacco cessation therapy aim to minimize financial barriers to therapies like nicotine replacement and behavioral therapies (e.g., cessation groups). Services may be provided through the health care system or clients may be reimbursed for their expenses.

Creating a Culture of Health BEFORE
“The Prize”

BEFORE “The Prize” ...

- Community health assessment and health priorities
- Action plans
- Data
- Strategic plans
 - County & City
 - Public Health
- Multiple Duke/Durham Collaborative Clinical and Care Management Programs in Durham



BEFORE “The Prize”

- Multiple collaborative programs focused on vulnerable populations with Duke Health’s Division of Community Health since 1998 including:
 - Northern Piedmont Community Care (6-County ACO for Medicaid)
<http://www.npiedmontcc.org/>
 - The Tooth Ferry Dental Van
 - Local Access to Coordinated Health Care (Uninsured)
<http://sites.duke.edu/latch/>
 - Neighborhood Clinics and School Based Health Centers
 - <http://communityhealth.mc.duke.edu/access-care>
- Annual Duke/Durham Health Summit funded by Duke Health, Office of Community Relations but jointly planned since 2002:
 - Data related to health priorities presented from CHA and SOTCH
 - Audience of more than 400 participants (community residents, elected officials & governmental agencies, providers, faith-based organizations, businesses, non-profits, funders, etc.)

Example: Project Access of Durham County

- 2003 health summit CEO of LCHC complained about the need for access to specialty care for the uninsured
- April 2006 summit focused on health disparities and access to care
- Fall of 2006 stakeholder group convened to select a program to address the need for specialty care
- December 2006 a workgroup convened to develop a Durham version of Project Access of Durham County modeled after Project Access in Buncombe County, NC
- November 2007 summit convened to discuss health plan options for the uninsured including Project Access of Durham County

Project Access of Durham County (PADC)

- Since July 2008, over 700 clinicians have provided donated specialty care and related services valued at approximately \$24 million
- 4,340 uninsured patients served through a network of clinics and private providers, laboratories, pharmacies and hospitals
- Durham County Government provides @ \$350,000 each year to support the program's infrastructure and additional specialty medications in the Lincoln Community Health Center's pharmacy
- Care Management Services Provided by Duke Health's Local Access to Coordinated Health Care

BEFORE “The Prize”

- As of August 1, 2012, Board of Health smoking prohibited on:
 - Bus stops
 - Transportation and train stations
 - City and County property, including public parks and on trails
 - Public sidewalks abutting schools, hospitals, and city and county property



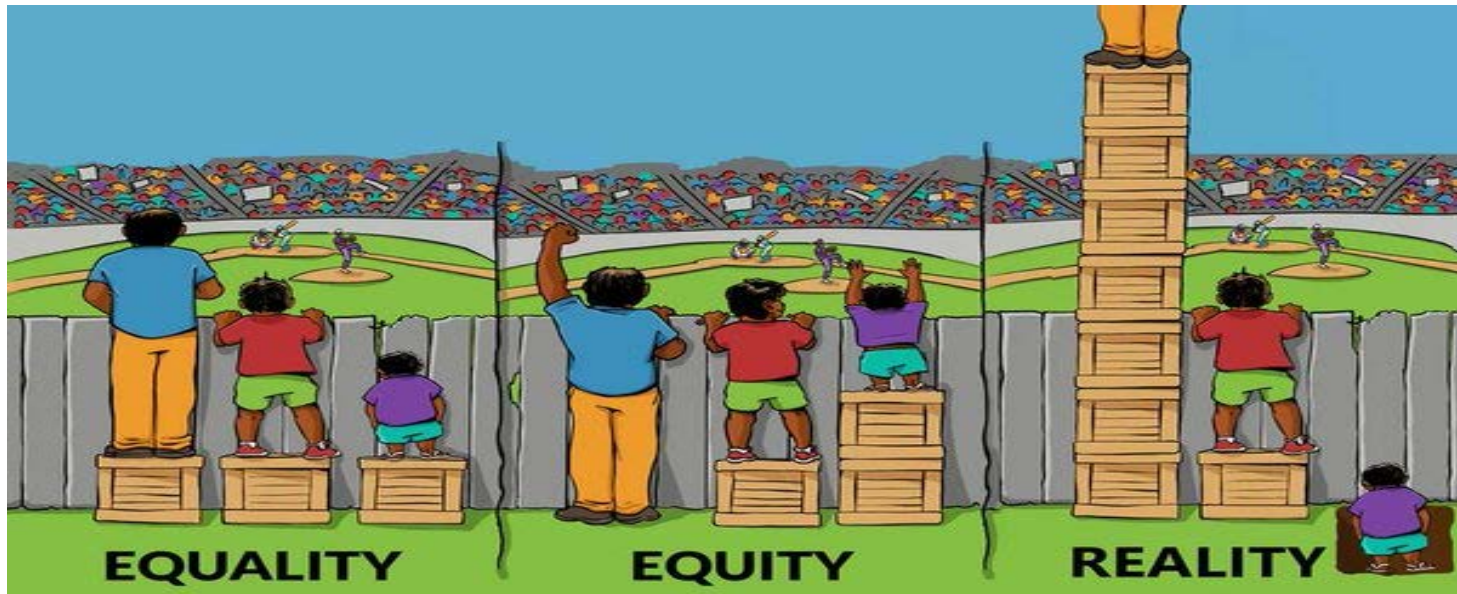
Creating a Culture of Health AFTER “The Prize”

“The context of people’s lives determines their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health.”

World Health Organization 2012

Health Equity - “When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.”

<http://www.cdc.gov/socialdeterminants/Definitions.html>



- 2016 Duke-Durham Health Summit: Creating Collaborations Across Durham to Achieve Health Equity
- Courageous Conversations
 - Multiple Racial Equity Training Institute Workshops
 - Multiple Community Workshops on Health
 - Disparities and Health Inequities

AFTER “The Prize” ...

- Durham County supported a two-year pilot program – Medical Respite for the Homeless.
- Durham County Department of Public Health, Duke Division of Community Health, and Durham Public Schools: Healthy Futures Program in Five Elementary Schools

<http://dconc.gov/government/departments-f-z/public-health/programs-and-services/school-health-program/child-health-assessment-and-prevention-program-chapp>

- Community Health Indicators Initiative – City and County of Durham, Duke Health, and Lincoln Community Health Center

AFTER “The Prize” ...

- Mayor Bell launched the Poverty Reduction Initiative
 - Focusing on the 2nd most distressed neighborhood in Durham
 - Six task forces (Education, Finance, Health, Housing, Jobs, and Safety)
 - Health Task Force created and launched Community Health Worker Training Program.
 - Offered by Durham Technical Community College
 - Credentialing of Community Health Workers Through the Durham County Department of Public Health
- Each task force is co-led by members of the City Council, Board of County Commissioners and Board of Education and community members
- Broad community participation in developing strategies to address issues identified by the residents in the area

AFTER “The Prize” ...

- **RWJF Prize (\$25,000) used to help fund:**
 - HELP – to offer free durable medical equipment for loan to county residents thru PADC
 - Durham Knows – to destigmatize and encourage HIV testing through a public campaign
 - Safe Routes to School – to offer bicycle/pedestrian safety “Let’s Go, NC!” curriculum and provide bicycles and equipment to fourth grade students at selected elementary schools
 - Double Bucks for Seniors – to support Grocers on Wheels in providing vouchers to seniors to purchase fruits, vegetables, dairy and meat at mobile markets

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Community Engagement

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Director of Marketing and PR

Jessica Beller, EdD, Montrose County School District

Director of Instructional Services



friends & family
caring for friends and family

Colorado

0 10 20 30 40

Miles

© World Sites Atlas (sitesatlas.com)



LOOK DEEPER into MONTROSE, CO

PRESENTING THE BLACK CANYON



Mission of MMH

**To provide healthcare
services to our
communities with
excellent service,
compassion and fiscal
responsibility**

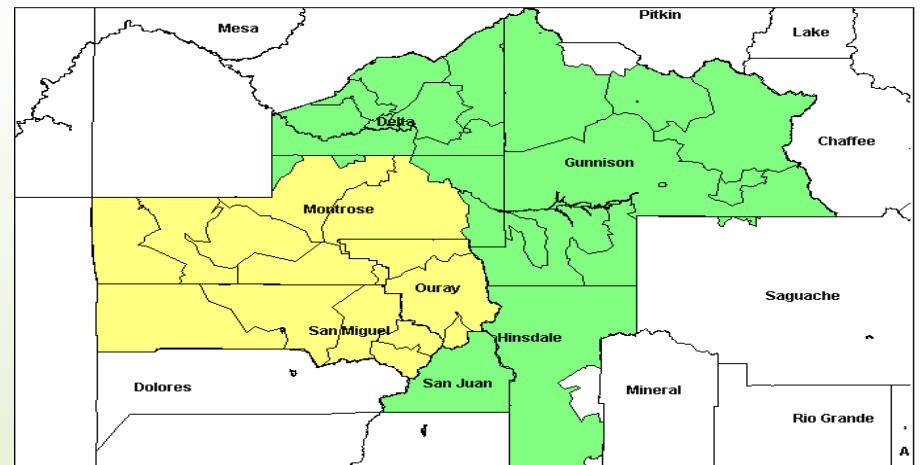
Vision Of MMH

**To be the hospital, the
healthcare resource and
the employer of choice
in our communities**

- MMH is a 501 (c)3-Community based non-profit entity
 - Licensed for 75 Bed
 - 680 Employees
 - 2nd Largest employer in Montrose
 - Level 3 Trauma designation
 - 100 Physicians
- QHR managed since the late 1980's
- Serves Montrose, San Miguel & Ouray counties (PSA)
 - Gunnison, Delta, Hinsdale and San Juan (SSA)

PSA: 51,927

SSA: 42,884





MONTROSE
MEMORIAL HOSPITAL

TOP 5%

**RURAL HOSPITAL
NATIONWIDE**

As Ranked By iVantage Health Analytics

MMH Earns Three National Awards for Cleanliness, Patient Satisfaction

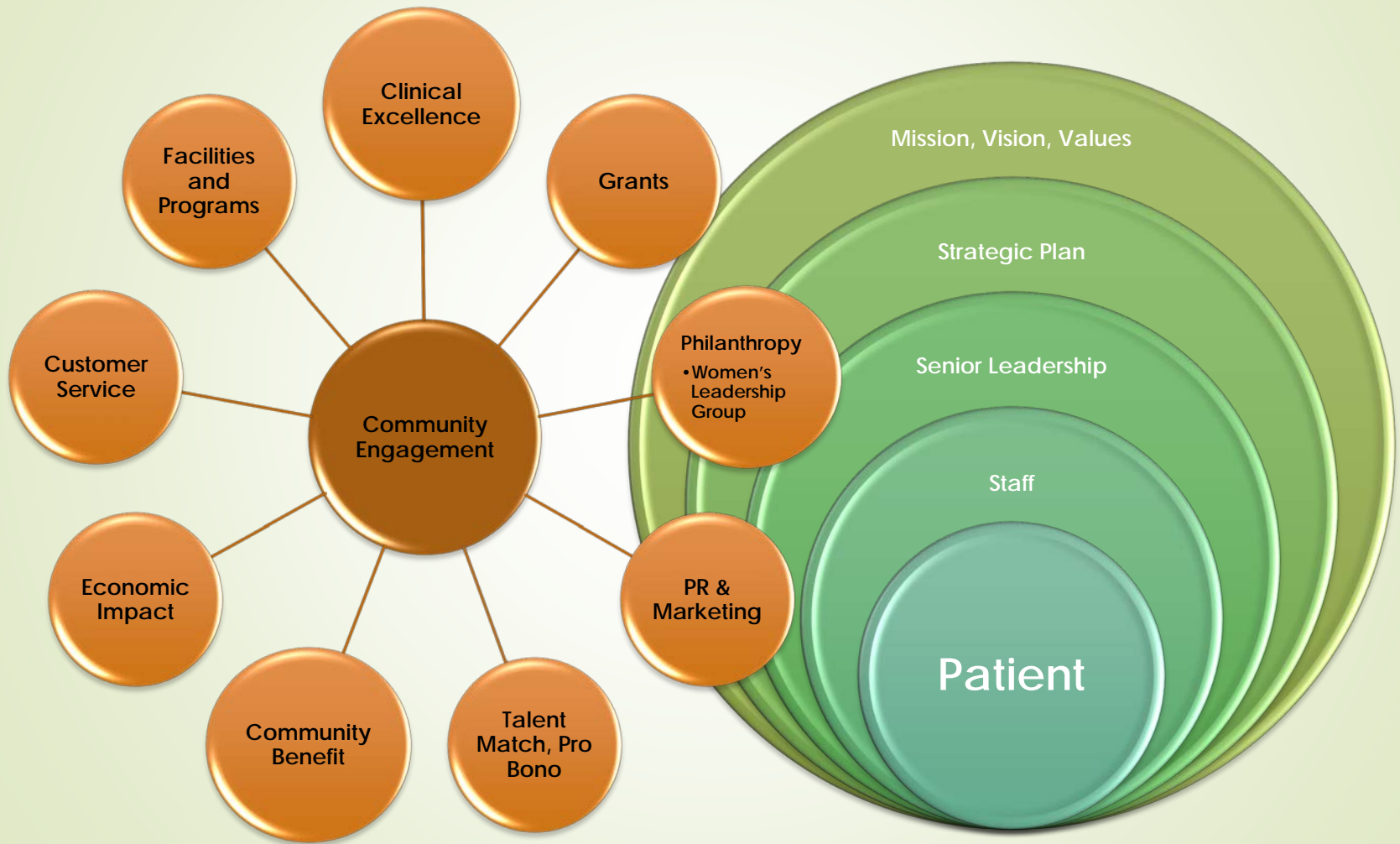


MMH Community Engagement

Success is achieved when the community views the hospital as a collaborative partner and a good neighbor

- ▶ MMH will
 - ▶ Be known as a valued business partner
 - ▶ Be an example for Clinical Excellence and Outcomes
 - ▶ Will consistently provide the Best Customer Service

MMH Community Engagement



Community engagement (Strategic)

- Montrose County School District
 - STEM Partner
 - Career Options Seminar
 - Career Fairs
- Proximity Space
 - Ergonomic Space @ Co-working workspaces
- Montrose Recreation District
- Girls on the Run Volunteers and Sponsor
- Montrose County Fair
- Health Fair
 - Over 2,500 participate
- Speakers Bureau
- ACO, CCA Boards
- Montrose Economic Development Council
- Montrose County School District Board
- Region 10 Workforce Board and Chamber Board
- Montrose Arts Council Board
- HopeWest (Hospice) Board
- Montrose Emergency Management

Community Engagement



Community Engagement

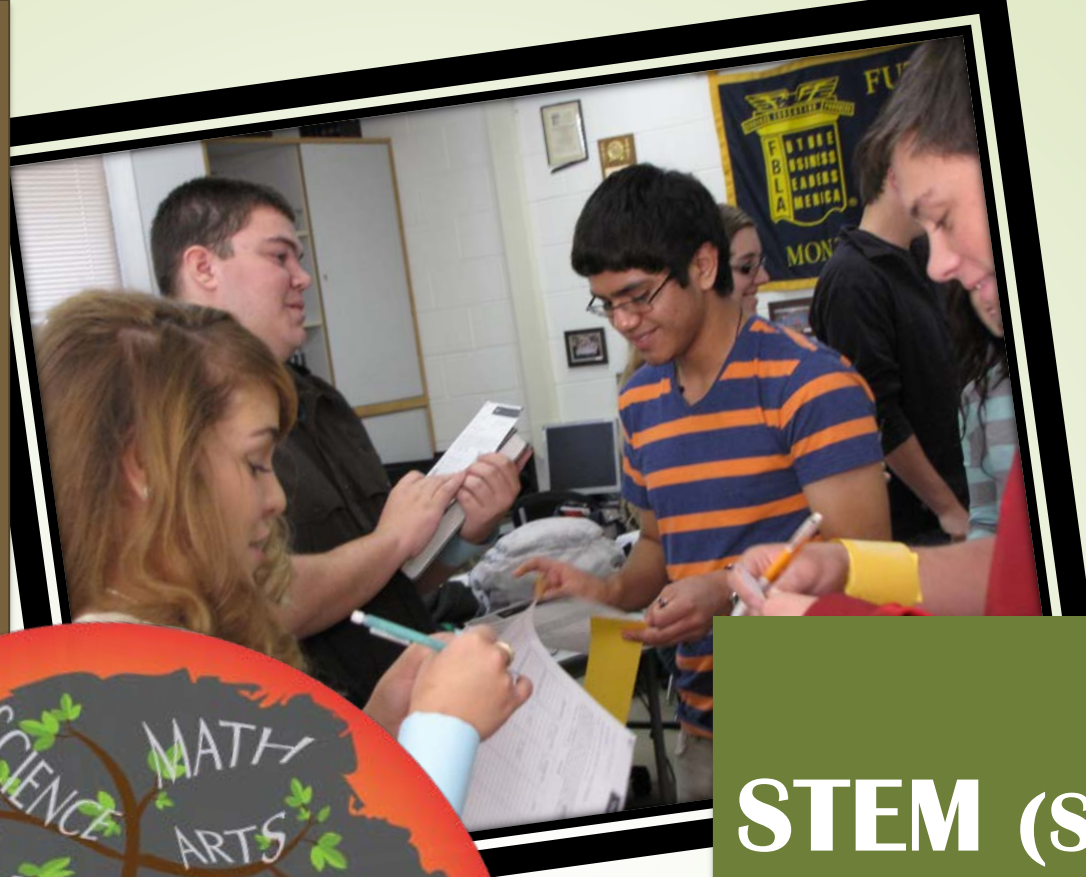


Career Option Seminar with Montrose County School District Students





Career Options Seminar



**STEM (Science,
Technology,
Engineering,
Mathematics)
Movement**

16+
Career
Clusters

4 Career
Options
Seminars

9th-12th
grade

17+
departments

- Health Sciences
- Management & Administration
- Marketing
- Business

- Work for Credit
 - Paid approved job, applied work skills, 100 minimum hours
- Career Internship
 - Career pathway of interest, 120 minimum hours

- 1,200 students.
- ~300/year participate in the COS
- ~60 students/year are part of the health sciences cluster
- ~24/year complete their work at MMH

- | | |
|-------------------------|--|
| • Acute Rehab | • Nutrition |
| • Business Office | • Pathology |
| • Cancer Center | • Physical Therapy (Pediatric & Adult) |
| • Day Surgery | • Phlebotomy |
| • Family Center | • Radiology |
| • Human Services | • Respiratory |
| • Medical Surgical Unit | • Surgical Center |
| • Midwifery | |



**4
days a
week**

**1.5
hours/day
(M.T.TH.F)**

**students
rotate**

COMMITMENTS

**24
students/
semester**

**invest our
time &
talent**

**feedback &
community
showcase**

**school
district's
worker's
comp liability
contract**

**parent &
student
contract**

**HIPPA &
Confidentiality
Immunizations**

REQUIREMENTS

**mentors
support**

**hospital
policies,
procedures, etc**

**background
checks**

Pizza with Professionals

Roundtable presentations for students to visit with professionals according to Career Clusters



PoWeR Center

Assists the ICAP (Individual Career & Academic Plan) process & students in reaching their goals of entering into the workforce, beginning a career, or selecting post-secondary education options.

Career Fairs

Opportunities for 6th-12th grade students to explore careers, visit with professionals, and consider post-secondary options.



Purpose

Provide all students with a robust educational experience, engaging them in critical thinking and collaborative problem solving through relevant, real-world applications & experiences that prepare them for future careers.

**14
schools**

- **6 elementary schools**
- **3 middle schools**
- **2 high schools**
- **1 virtual K-12 school**
- **6,000 students, 800 staff**

1 Vision

To engage our schools & community in developing a STEM system aligned at all levels, in all schools, with all students.

**5
Priority
Industry
Sectors**

1: Healthcare

**invest our
time &
talent**

**build the
system
together**



**MONTROSE &
OLATHE SCHOOLS**

**p-tech
partnership**

feedback

Lessons Learned

- ▶ Communication is Key!
- ▶ The student's experience is only as good as their preceptor(s) and their interest level
- ▶ Orientation to MMH must be very basic and specific
- ▶ Both MMH and the School district are committed to make this program successful!
 - ▶ Time & talent investment – not money
 - ▶ New physician to our community – participated in the COS program in High School 😊



Thank You





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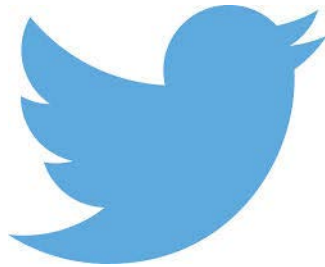
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<https://www.surveymonkey.com/r/hpoe-webinar-06-28-16>

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