Incorporating Community Voices to Improve Complex Care

January 21, 2020

Made possible with funding from the Robert Wood Johnson Foundation
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Welcome & Introductions
Welcome and Introductions: CHCS and the Robert Wood Johnson Foundation

Community Engagement Overview

Maimonides Medical Center: Incorporating Community Voices to Improve Complex Care
  » Moderated Q&A

Roots Community Health Center: Authentic Engagement and Community Empowerment
  » Moderated Q&A
Today’s Presenters

Rachel Davis
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Noha Aboelata, MD
Chief Executive Officer
Roots Community Health Center
About the Center for Health Care Strategies

A nonprofit policy center dedicated to improving the health of low-income Americans
About the Better Care Playbook

Robust online resource center offering the latest knowledge on evidence-based and promising practices for people with complex health and social needs

Practical how-to guidance to inform health system leaders, payers, policymakers and others on strategies to improve care for high-need, high-cost populations

Coordinated by the Center for Health Care Strategies through support from six leading national health care foundations — The Commonwealth Fund, The John A. Hartford Foundation, Milbank Memorial Fund, Peterson Center on Healthcare, the Robert Wood Johnson Foundation, and The SCAN Foundation.

www.BetterCarePlaybook.org
The Importance of Engaging the Community

- Increasing recognition of the importance of meaningful partnership between health care systems and community members

- Need to more closely align with communities to:
  - Better understand what consumers want and need to improve health
  - Leverage local resources and leadership to guide change
  - Ensure that implementation is effective and lasting

- Multiple barriers to effective partnership, including power imbalance, cultures, business models
Community Partnership Pilot

With funding from RWJF, supporting two 18-month pilots to:

» Uncover best-practices for health care systems in establishing effective community partnerships

» Gain insights around strategies for:
  - Gathering and integrating consumer input
  - Identifying community priorities
  - Determining and addressing equity challenges collectively
  - Co-designing/implementing cross-sector efforts to address health and social needs

» Whole Person Care – Los Angeles: Creating a countywide Reentry Health Advisory Collaborative

» Hennepin Healthcare: Partnering with the foreign-born Somali population to identify and address barriers to accessing mental health services.
Emerging Learnings

- Importance of transparency and expectation-setting

- Trust-building is a time-intensive process

- Many approaches to supporting collaboration

- Leverage existing relationships and efforts
Maimonides Medical Center: Incorporating Community Voices to Improve Complex Care
Using Participatory Action Research to Forge Partnerships

Maimonides Medical Center

Okenfe Lebarty, Senior Manager, Community Engagement

Shari Suchoff, Vice President Policy & Strategy
Brooklyn, NY

1.2 million Medicaid beneficiaries
300K residents uninsured
Diverse cultures, languages spoken
Distressed hospitals, providers

33% of New York City’s Medicaid beneficiaries live in Brooklyn

...and 20% of New York State’s Medicaid beneficiaries live in Brooklyn (2% nationwide)

Source: Centers for Medicare and Medicaid Services & NYS Department of Health
Brooklyn, NY

Brooklyn statistics as compared to the national average –

- 50% more residents living below the poverty level
- 23% more residents are unemployed
- 8% more of residents’ household income goes towards rent
- 10% fewer residents are uninsured

Source: US Census Bureau, 2013 – 2017 American Community Survey
• Largest hospital in Brooklyn, serving as borough’s tertiary care hub
• 82% of patients government-insured
• $200 million in community benefits and investments, subsidizing care, and services to under-served communities and investing in community health initiatives
• Long history of leadership in population health
• Network of Brooklyn health and social service providers working together on Medicaid redesign effort, led by Maimonides

• 600,000+ attributed Medicaid beneficiaries

• 4,600+ practitioners, including 1,600+ primary care providers

• 1,000+ Participant Organizations:
  • 7 Hospitals
  • 10 FQHCs
  • 3 IPAs
  • Behavioral health providers
  • Social service providers
  • 70 Community-based organizations
  • Health Homes
  • Substance Abuse Providers
  • Advocacy Organizations
  • Home Care
  • Skilled Nursing Facilities and other Long-Term Care Providers
  • Correctional Health Experts
  • Housing Providers and Advocates
  • Managed Care Plans
  • RHIO
  • Unions
  • Job Training Providers
Participatory Action Research (PAR)

- **Understands** that complex social, economic, and environmental problems cannot be addressed through top-down, needs-based development approaches
- **Includes** residents in research processes that will drive changes in their own communities
- **Acknowledges** local stakeholders’ personal experiences as valid and critical in identifying community assets and implementing action plans
- **Shifts** the power balance by changing who determines needs and solutions
Origins

• Started in 2016 to build a deeper understanding of social determinants of cardiovascular health in two dangerously afflicted communities

• First published report indicated that successful engagement and organizing efforts “must address head-on the strong lack of trust between the community and the local healthcare system”

• Has since grown into an enormous movement in Brooklyn, driven by a highly-engaged and diverse Community Action and Advocacy Workgroup
PAR Projects

2016
- Brownsville & East New York

2017
- Bedford-Stuyvesant, Crown Heights, & East Flatbush

2018
- Canarsie, Flatlands, Flatbush, East New York, & Starrett City

2019
- Sunset Park, Bay Ridge, & Borough Park

2016 - 2019
PAR Outcomes

- 3500+ Community members surveyed
- 150+ High school, college, and graduate students trained in participatory action research
- 75+ Community-endorsed recommendations* (i.e. food justice, affordable housing, building local organizing capacity, leveraging anchor institution resources)
- 700+ Community assets identified
PAR Key Findings

Brownsville, East New York (2016)
• Food justice and nutrition
• Physical activity

• Gentrification, neighborhood change, and housing affordability
• Economic development and mobility
• Sustainable civil infrastructure
• Healthcare system redesign

PAR III: Canarsie, Flatbush, and Flatlands (2018)
• Health and resources, especially for mental health
• Affordable housing
• Education and youth development
• Public safety
Incorporating Findings into Complex Care

**Healthy Savings Program:** Supporting access to fresh produce in partnership with the NYC Mayor’s Office of Food Policy; cards distributed by health coaches at a local FQHC

**Farm-to-Institution:** Developing a farm-to-institution initiative in partnership with the Bedford-Stuyvesant Restoration Center

**Hydroponic Farms:** Partnering with Teens For Food Justice and Brooklyn Sprout to increase healthy food access and develop community-owned hydroponic businesses

**Fan4Kids:** Providing year-round fitness and nutrition education in elementary schools in Brownsville and East New York
Building Trust and Consumer-Health System Collaboration

Brooklyn Communities Collaborative: formally uniting government, health, education, labor, and community-based organizations across Brooklyn, anchored by major Brooklyn institutions, to strengthen health, wealth, and leadership in Brooklyn communities

Reclaiming Our Health: initiative to address mental health stigma and increase access to services for local Arab, Middle Eastern, Muslim, and South Asian population through culturally sensitive education and community mobilization and engagement

East Brooklyn Call to Action: Partnering with NYCDOHMH, labor, CBOs, and others to mobilize community members to improve:
- health and housing
- food and fitness
- premature mortality and workforce
Raising a Generation of Community Advocates

• PAR Alumni and students engaged in MMC-sponsored school programs are engaging more with their communities and working with local health care institutions to improve social determinants
• Student researchers from PAR projects have received Congressional Commendations from local legislators
• PAR projects also connect students to internship opportunities and expose them to higher education environment at an early age
Lessons Learned

• Don’t underestimate the true value of local knowledge
• It is key to include community voices at the decision-making table
• Success requires time, patience and commitment across the board
• Be open to new ideas
• Use a consensus-based approach to decision making
Question & Answer
To submit a question online, please click the Q&A icon located at the bottom of the screen.
Roots Community Health Center: Local Partnerships Serve to Empower Residents
Authentic Engagement & Community Empowerment

Noha Aboelata, MD, CEO
Roots Community Health Center
Oakland, CA

Presented to:
Center for Healthcare Strategies, Inc.
Incorporating Community Voices to Improve Complex Care
January 21, 2020
FOCUS: East Oakland Disparities

<200% Poverty

2005

Life Expectancy

2000-2003

72 79 82 82 84 68 72 79 71 80

All Races  Hispanic  Asian  African American  White  Hawaiian/Pacific Islanders  American Indian/Alaskan Native

East Oakland  Alameda County
MISSION

to uplift those impacted by systemic inequities and poverty by:

• Providing medical and behavioral health care, health navigation, workforce enterprises, housing, outreach and advocacy
• Identifying and addressing root causes of illness and suffering
• Emphasizing self-sufficiency and community empowerment
Roots Main Campus
East Oakland

Roots Headquarters
East Oakland

STOMP (Mobile Clinic)
Oakland

Roots South Bay
San Jose

Emancipators Academy
North Oakland

Social Enterprise
North Oakland

Social Enterprise
East Oakland

Peralta Colleges
Alameda County

Dream Youth Clinics
Downtown Oakland

Oakland Homecoming
East Oakland

SITES
MODEL: CARE · NAVIGATION · EMPOWERMENT
ROOTS DEMOGRAPHICS

Race/Ethnicity

- African Descent: 82.0%
- Latino: 8.0%
- Asian/Pacific Islander: 6.0%
- White: 6.0%
- Other: 5.0%

Gender

- Patients: 60% Female, 40% Male
- Staff: 50% Female, 50% Male
Meet People Where They’re At...
Provide Needed Services...
Authentically Engage...
Analyze the Data...

Examples: reentry navigation and leadership development

- Unsheltered: 50.35%
- Couch Surfing: 14.22%
- Transitional Housing: 10.02%
- Substance Use Treatment Facility: 5.13%
- Single Room Occupancy: 0.70%
- Rent/Own Apt/House: 14.22%
Develop & Refine Programs In Response...
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Questions?

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Visit CHCS.org to...

- **Download** practical resources to improve the quality and cost-effectiveness of Medicaid services
- **Learn** about cutting-edge efforts to improve care for Medicaid’s highest-need, highest-cost beneficiaries
- **Subscribe** to CHCS e-mail, blog and social media updates to learn about new programs and resources
- **Follow** us on Twitter @CHCShealth
Share Your Successes on the Playbook

- Have you established a promising practice?
- Have you published a study about your complex care program?

The Playbook welcomes content submissions to help spread best practices in complex care.

www.BetterCarePlaybook.org