Communities JOINED IN ACTION

Improving Health ~ Eliminating Disparities

Wednesday, April 24, 2:45-3:45 Breakout Round I				
Session Title	**Topic Track**	**Presenter(s)**	**Session description**	**Room**
Increasing Equity and Improving Population Health Through Cross-Sector Engagement	Engage	Lisa Peacock , MSN, WHNP-BC, Health Officer, Health Department of Northwest Michigan and Benzie Leelanau District Health Department Jenifer Murray, MPH, BSN, RN, Manager--Clinical Community Linkages, Northern Michigan Community Health Innovation Region	In this session, we will describe the Northern Michigan Community Health Innovation Region's approach to strategic leadership for increasing health equity and improving population health in a 10-county rural region in the Lower Peninsula through cross-sector engagement and alignment and implementation of four interrelated components: 1) Web-enabled screening for basic needs administered at patient-centered medical homes and community agencies; 2) Network of three clinical community linkages hubs; 3) Common community health assessment shared and funded by hospital systems, public health departments, and other community partners; and 4) Community health improvement planning that addresses regional priorities and local issues concurrently.	Ballard
Making Change Happen: Addressing Racial Disparities in Infant Mortality	Engage	Lora Gulley, Director of Mobilization and Advocacy, Generate Health Marisha Frazier, MPH, CPH Epidemiologist and FIMR Coordinator Generate Health STL	Participants will learn how FLOURISH St. Louis, a regional collective impact initiative, built capacity of community leaders for creating system-level change. In this session we will identify essential strategies for developing and supporting emerging leaders to address growing disparities in infant mortality utilizing an evidence-supported community leadership training. Additionally, we will share practical tools for engaging community residents and how to help transition community leaders into a community-participatory process.	Issaquah
Transforming Health Centers into Adolescent-Centered Medical Homes	Equip	Ellen Wagner, MPH, MS, Assistant Director, Adolescent Health Initiative, Michigan Medicine	Adolescents are more likely to seek services at a health center that feels like a medical home, where their needs are recognized and respected through their interactions with staff and providers, health center policies, and the physical environment. The Adolescent Health Initiative (AHI) will present strategies and interventions that health centers can implement to become more youth-friendly and better meet the needs of adolescent patients. Participants will have time to use these strategies to make plans to improve adolescent health care at their health center.	Greenwood
Understanding the Drivers of Health Challenges in Rural and Frontier Communities to	Equip	Coleman Tanner, MPH, CHES, Research Associate, Georgia Health Policy Center; John Butts, MPH,	Rural communities are developing and adapting innovative solutions to address some of the most substantial economic, geographic and social challenges that influence health and health care. Understanding not only the challenges that rural and frontier communities face, but also the drivers behind them, is key to discovering how to more meaningfully engage rural leaders when designing initiatives, policies, and research.	Kirkland

Strengthen Rural Relevance of Programs, Policies, and Research		Senior Research Associate, Georgia Health Policy Center	This workshop will help participants understand rural health and health care challenges; analyze the relationship between these challenges and conditions that affect health outcomes; and consider effective approaches used by rural communities to adapt and tailor efforts to fit local context and needs.	
Payer as Partner: A Discussion on Working with Medicaid Health Plans to Impact Social Determinants of Health and Health Equity	Inspire	Shannon Saksewski, MSW, MBA, Regional Manager, Aetna Medicaid Population Health; Teresa J. "Teri" Ingram, LCSW Clinical Program Developer, Aetna Medicaid	Medicaid Health Plans offer a range of resources – from care management to health equity advocates to population health expertise – which aren't often understood by those outside of the Medicaid world. This session will serve as an introduction to the multifaceted ways Aetna Medicaid is working to impact social determinants of health. Presenters will discuss collaborative models which have been deployed, how data is incorporated in efforts, and ideas about how to begin building relationships with local MHPs. Importantly, this session will involve a moderated discussion involving presenters and audience participants about the inherent challenges involved with this work.	Ravenna
Thursday, April, 25, 10am-11am, Breakout Round II				
Session Title	**Topic Track**	**Presenter(s)**	**Session description**	**Room**
Tips for building nonprofit board engagement	Engage	Gary Renville, Executive Director, Project Access Northwest	Participants will leave with templates and replicable materials that can be used to recruit, retain and energize a board of directors. Specifically, participants will be given a start-to-finish template example for strategic planning, and will be given replicable job descriptions for board member recruitment and board committee alignment to help staff achieve the goals of a strategic plan.	Ballard
Engaging Local Government to Improve Community Health	Engage	Vincent Wong, Director of Community Services, City of Gastonia Donyel Barber, Community Centered Health Coordinator , Gaston Family Health Services	This session will share various methods used by our community to engage local government officials. We will share how local government officials earned the trust of local community members. Attendees will hear how community residents, local government and the local community health center working across sectors resulted in over 2 million dollars of infrastructure improvements by local government to address community needs. Attendees will have the opportunity to participate in role playing scenarios, making the session more interactive and engaging. A power point will also be used during the session and there will be time for questions and answers.	Issaquah
Practical Steps to Engage & Equip Communities to Better Address the Opioid Crisis	Equip	Bill Barberg, President & Founder, InsightFormation, Inc.	This presentation focuses on two communities that are using the free Opioid Coalition Resource Hub to accelerate their teamwork for addressing the opioid crisis. In order to more effectively develop and implement comprehensive strategies to address opioid and substance misuse and addiction, these communities embraced a set of tools and techniques that engage and equip a larger number of community partners to work in parallel, using free, abundant and multiplying resources to get things done. While these case studies focus on the opioid crisis, many of the techniques can be used for other health and equity issues.	Greenwood

Financing Strategies Supporting Community-based Care Coordination Systems	Equip	Mark Redding, Director of Quality, Pathways Community HUB Institute Rick Wilk, President, Pathways Community HUB Institute	The Pathways HUB model has been proven to improve care coordination to individuals at higher risk for poor health outcomes. Foundational to the Pathways model is to find, identify and address risk factors at the level of the individual to impact population health. This session will include presentations how existing and emerging Pathways Community HUBs finance their programs, how the funding streams were developed and the challenges faced in developing braided funding streams. Promising practices implemented in specific communities will provide concrete examples that can be explored and replicated in other communities.	Kirkland
Enhancing the role of the Community Health Worker	Inspire	Reyneth Reyes Morales, Program HUB Manager, Pierce County ACH	Pierce County Accountable Community of Health has launched Pathways to carry out community-based coordination that provides a continuum of care for Medicaid recipients in Pierce County. Pathways incorporates the role of the Community Health Worker in providing whole person care ensuring that clients are supported to achieve healthy outcomes. Participants in this session will gain an understanding of what the CHW's role is, and how we implemented the Pathways program in Pierce County, and what it takes to sustain the CHW workforce, and engage them with partners, organizations, and clients.	Ravenna
Thursday April 25, 11:15am-12:15pm, Breakout Round III				
Session Title	**Topic Track**	**Presenter(s)**	**Session description**	**Room**
Building a School-to-Workforce Pipeline for Community Health Workers in Bexar County, Texas	Engage	Caroline D. Bergeron, DrPH, Director of Research and Evaluation, Bexar County Community Health Collaborative Elizabeth Lutz, MBA, Executive Director, Bexar County Community Health Collaborative	Approximately 400 Community Health Workers (CHWs) are certified in Bexar County, Texas with new CHWs trained and certified yearly to serve the most vulnerable populations. Despite their important work, the CHW workforce remains undervalued and underpaid. The Health Collaborative and its Pathways Community HUB, Northwest Vista College, and Workforce Solutions Alamo developed a new partnership to elevate the value of CHWs in the community. CHWs-in-training will intern at one of the HUB model's care coordination agencies, learn about the HUB, and secure employment after graduation. Through this school-to-work pipeline, we will advocate for greater rights for the CHW workforce.	Ballard
Building A Better Bridge in Your Community	Engage	Michael O'Neill, Pathways HUB Program Manager, Cascade Pacific Action Alliance Kate Hinken, Manager of Accounts Management, Care Coordination Systems Facilitator: Rick Wilk, President, Pathways Community HUB Institute	CHWs, care coordinators, and providers are seeking better ways to manage health and social services. We'll share one technology we used to reach community resources with multi-directional conversations and referrals linking healthcare providers, CHWs, and community resources. This technology can be a stand-alone public website, can be integrated with EHR/information systems, or integrated into a Pathways HUB to better manage care. The goal is to create a strong community partnership to deliver better health to your community. We'll explore the many possible users for these new tools: clients, patients, hospitals, doctors, Community HUBs, community-based organizations, healthcare agencies, coordinators, and CHWs.	Issaquah

Calculating Equity in Hospital CHNA	Equip	Carrie Rheingans, MPH, MSW, WHI Project Manager, Center for Health & Research Transformation (CHRT)	Participants will hear how a health coalition in one Michigan county facilitated three nonprofit hospitals to build in a health equity calculation when identifying top community health needs for their joint community health needs assessment. Example data will be shared so that participants can practice using the voting score cards. The presenter will facilitate a conversation about how to tailor these methods to attendees' local communities using locally available data.	Greenwood
Addressing the Social Determinants of Equity- Pathways Community HUB and Community Action	Equip	Aimee Budnik, PhD, RD/N, LD, Pathways HUB Director, Community Action Akron Summit Vernora McCants, CCHW, HUB Referral Coordinator, Community Action Akron Summit	The purpose of the workshop will be to describe the implementation of the Pathways Community HUB evidenced based model at a Community Action Agency in Ohio. While the concept of care coordination is not new, the Pathways HUB provides an innovative approach to address social determinants of equity, improve community health outcomes, decrease duplication of services, and promote economic development through replication of the model and use of the shared software system to track outcomes. Community Action Agencies have a rich history of community organizing, promotion of self-sufficiency and maximum feasible participation to support the replication of HUBs.	Kirkland
Health System Transformation and Collective Impact: Lessons from the Field	Inspire	Glenn Landers, Director, Health Systems, Georgia Health Policy Center	This inspirational presentation presents three lessons from the field to inspire communities to action. The three lessons are: 1. You're Working on the Edge of Knowledge: Lessons from Bridging for Health 2. You will make mistakes. You may fail. You will learn: A Story of Collective Impact 3. There is Inspiration Out There: Lessons from the Atlanta Regional Collaborative for Health Improvement – ARCHI.	Ravenna
Thursday, April 25, 2:15pm-3:15pm, Breakout Round IV				
Session Title	**Topic Track**	**Presenter(s)**	**Session description**	**Room**
Use of an Opioid Systems Map for Cross-Sector Engagement to Respond to a Shared Public Health Crisis	Engage	Brigitte Manteuffel, Senior Research Associate, Georgia Health Policy Center	Systems maps are useful tools for getting a "view from the balcony" of a complex problem. By providing a representation of a complex system, multiple stakeholder groups can recognize where they have a role and can help to identify new solutions. This session will describe the Georgia Health Policy Center's opioid systems map, and its development and use to engage diverse stakeholders in strategic planning. Participants will learn basics about systems thinking and systems mapping, how interventions intersect with the map, which populations are affected, and recognizing unintended consequences.	Ballard
Hospitals, Community Benefit and the Coalition Connection	Engage	Laura Fitzpatrick, Advocacy & Community Health Improvement Manager, The Health Project	Mercy Health's Health Project in Muskegon, Michigan has been a collaborative leader in data driven community collaborative process for over 25 years. In 2015, the Muskegon Community Health Project's Coalition for a Drug Free Muskegon County received the Community Anti-Drug Coalition's Got Outcomes Coalition of the Year among 5,000 coalitions in the country. This session will take leaders through the Strategic Prevention Framework (SPF) used throughout the country for alcohol,	Issaquah

			tobacco, opioid, and emerging drugs as well as adapting the process for all collaborative groups who are now seeing similar results.	
Collaborative community assessments for prioritization and training	Engage	Dana Thomas, Director Public Health Practice, University of Michigan Alfreda Rooks, Director Community Health Services, Michigan Medicine	The session will explore a mutually beneficial partnership that provides an educational experience for students while collecting data for two health system's community health needs assessment and implementation plan. It will explore the processes for developing the partnership, examine lessons learned from engaging with students, and delve into the student learning sessions that prepared the students for the field work. Additionally, the session will cover how the health systems used the data to enhance their work.	Greenwood
Sharing tools for operationalizing racial equity into organizational and community level work	Equip	Megan Bolejack, Collaborative Learning Specialist, Care Share and Community Food Strategies Abbey Piner, Program Director, Community Food Strategies, Center for Environmental Farming Systems	Community Food Strategies (CFS) is intentionally working to embed racial equity frameworks within our own project initiative and across the network of local food councils through shared language, analysis tools, and practices. This presentation will highlight the series of tools, steps, processes, and decisions that were implemented to operationalize racial equity into our work at our organizational level and disseminating the work through our local food councils. We will share local food council experience and how they are implementing racial equity into their own work as a result of our intentional efforts to work through an equity lens.	Kirkland
The Community-Centered Health Home Model: Bridging Health Care and Community Health	Equip	Leslie Mikkelsen, Managing Director, Prevention Institute Eric Baumgartner, Principal, Baumgartner Health, LLC	Healthcare systems are moving beyond their clinical walls to address the social determinants of health and broader community conditions. This has led to an enhanced focus on population and community health, spurring initiatives that bridge healthcare systems with their surrounding community. Prevention Institute's Community-Centered Health Homes (CCHH) model provides a strategic framework for healthcare that focuses on partnering with the community to create policy and systems change and is being tested at almost two dozen healthcare organizations. This session will introduce learners to the CCHH model and describe how sites are putting community prevention to work in their practice.	Ravenna
Friday, April 26, 8:45am-9:45am, Breakout Round V				
Session Title	**Topic Track**	**Presenter(s)**	**Session description**	**Room**
Health Equity from Where You Sit	Engage	Claudine Fox, Program Manager, Health Equity Solutions	This interactive presentation centers on the role of health practitioners and organizers in advancing health equity within communities and institutions. The presentation discusses the root causes of health inequities, the social determinants of health, and the role we as professionals serve in advancing health equity while centering the voices and needs of the most marginalized.	Ballard

How are leaders, partners, and residents working together to improve community health in the Columbia Gorge Region, OR/WA – and across the U.S.?	Engage	Olivia Little, PhD, Community Improvement Strategist, RWJF Culture of Health Prize, Univ. of Wisconsin Population Health Institute Gladys Rivera, Program Coordinator, Providence Hood River	This is your opportunity to hear from a stand-out, rural Pacific Northwest community, the Columbia Gorge Region, OR/WA -- an RWJF Culture of Health Prize winner -- on how they are addressing equity challenges by developing local resident leadership, changing decision-making structures and processes, and including community voices when advocating for policy changes. The session will also include a high-level overview of findings from a new retrospective report of 35 Prize communities advancing health and equity and entitled: "Building a Fair and Just Opportunity for Health: Initial Insights from RWJF Culture of Health Prize Winners."	Issaquah
Resilience Zone: A Place-Based Population Health Strategy	Equip	Jeff Fortenbacher, CEO and Executive Director, Access Health Vondie Woodbury, President, The Woodbury Group	Our story: Using naturally defined neighborhoods within a targeted census tract, the Muskegon Resilience Zone approach addresses place-based SDoH factors to enhance neighborhood and family resilience. In the Zone, residents act as catalysts for change by leading the decision-making process while community agencies stand ready to assist by helping to design strategies for change. The Zone is envisioned as a place of innovation. One such innovation repurposes a portion of our local hospital's financial assistance program by creating two coverage plan models targeting uninsured Zone residents and Medicaid recipients at risk of coverage loss as they move to employment.	Greenwood
Hospital System Partnerships: Starting with the Community	Equip	Janina Morrison, Director of Clinical and Preventive Services, Los Angeles County Department of Public Health Camilla Comer-Carruthers, Manager of Community Health Education, Robert Wood Johnson University Hospital Moderator: Clare Tanner, PhD, Co-Director, Data Across Sectors for Health (DASH) Program Director, Center for Data Management and Translational Research, Michigan Public Health Institute (MPHI)	Health systems are partnering with local organizations to address social determinants and tackle upstream barriers to wellbeing. The Wellness Center facilitates data sharing with community organizations and will share how they manage a database to track outcomes for vulnerable patients and make the value proposition. The New Brunswick Healthy Housing Collaborative works to ensure that residents live in safe homes that facilitate healthy living. They will share assessment tools and evaluation metrics for documenting process and outcome measures related to their interventions. Speakers and attendees will discuss how these models can be adjusted and replicated in communities.	Kirkland

Journey to P-HUB	Inspire	Ngozi N. Moses, MSc, Executive Director of Brooklyn Perinatal Network Inc. (BPN); Heidi Arthur, LMSW, Principal, Health Management Associates	New York City's rate of severe maternal morbidity (SMM), already 60% higher than the national average, experienced a recent increase of 28 percent. Central Brooklyn is a hot spot. The Brooklyn Perinatal Network (BPN) leads a coalition of Community based social health organizations planning to implement The Pathways Community HUB model, an evidence focused approach to building a community-connected, pay for performance network of agencies working together to improve health, social and behavioral health outcomes. This session will describe how BPN successfully engaged committed community partners and local health care leadership, conducted a health system financed feasibility study, recruited committed champions, engaged willing payers, and enlisted support from elected officials. The journey for full financing continues, but the detours along the road may actually fortify us long after we reach our destination.	Ravenna