Our Lost Cousins: Partnering with Community Health Centers to Address Client Health Needs
Session Topics

• Introduction to Community Health Centers
• Introduction to the Social Determinants of Health
• Partnering with your Local CHC
York County Community Action

- CAA and CHC
- Thriving individuals/families and thriving communities
- Traditional range of CAA resources
- Community development work
- CSBG: Outreach Workers
- Budget: $17,000,000
- Staff 220 +/-
Health Centers are:
• Community-based
• Patient-directed
• Deliver comprehensive, culturally competent, high-quality health care services
• To the nation’s most vulnerable individuals and families
Introduction to CHCs

Services:
• Primary health care services
• Also often integrate access to pharmacy, mental health, substance use disorder and oral health services
Introduction to CHCs

CHCs are CAAs Natural Partners:
• Origins
• Over 1,200 nationally
• Mission, governance and approach
• Target populations
• Results
Introduction to CHCs
Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Introduction to the SDOH

Health Outcomes
- Length of Life 50%
- Quality of Life 50%

Health Factors
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social and Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
- Physical Environment (10%)
  - Air & Water Quality
  - Housing & Transit

Policies and Programs

County Health Rankings model © 2014 UWPHP
Introduction to the SDOH

Robert Wood Johnson County Health Rankings
Introduction to the SDOH

Robert Wood Johnson County Health Rankings
Health Center Interest in the SDOH

• Disappointing quality metrics
• Risk stratification
• Clinical integration
• CAA program integration
# PRAPARE Tool

**PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences**  
Paper Version of PRAPARE for Implementation As of September 2, 2016

## Personal Characteristics

1. Are you Hispanic or Latina?
   - Yes
   - No
   - I choose not to answer this question

2. Which race(s) are you? Check all that apply.
   - Asian
   - Native Hawaiian
   - Pacific Islander
   - Black/African American
   - White
   - American Indian/Alaskan Native
   - Other (please write):
   - I choose not to answer this question

3. At any point in the past 2 years, has seasonal or migrant farm work been your or your family's main source of income?
   - Yes
   - No
   - I choose not to answer this question

4. Have you been discharged from the armed forces of the United States?
   - Yes
   - No
   - I choose not to answer this question

5. What language are you most comfortable speaking?
   - English
   - Language other than English (please write):
   - I choose not to answer this question

## 7. What is your housing situation today?

- Yes
- No
- I choose not to answer this question

I have housing

- I do not have housing (living with others, in a hotel, in a shelter, living outside, on the street, on a beach, in a car, or in a park)
- I choose not to answer this question

## 8. Are you worried about losing your housing?

- Yes
- No
- I choose not to answer this question

## 9. What address do you live at?

- Street: ____________
- City, State, Zipcode: ____________

## Money & Resources

10. What is the highest level of school that you have finished?

   - Less than high school degree
   - High school diploma or GED
   - More than high school
   - I choose not to answer this question

11. What is your current work situation?

   - Unemployed
   - Part-time or temporary work
   - Full-time work
   - Otherwise unemployed but not seeking work (e.g., student, retired, disabled, unpaid primary caregiver, please write):
   - I choose not to answer this question

12. What is your main insurance?

   - None/Uninsured
   - Medicaid
Why CAAs Should be Interested in the SDOH

- CAA client outcomes are often dependent on health status
- SDOH are a research based connection between health and social outcomes
- County Health Rankings – local data
- Framework for partnering with local CHC/health organizations
• In groups of 2 – 4
• How can you use SDOH framework to improve client outcomes?
• If you are already using it, share examples with your group
Partnering with Your Local CHC

- Know the populations they serve
- Understand their scope of services
- Be aware of local health priorities
- Use the SDOH as a framework
- Opioid use disorder
Types of Partnership

- Information sharing
- Referrals
- Coordinated services
- Shared strategies
- Integrated services
Things to Consider: Culture

- Business model (reimbursement for services)
- Health business is dynamic and competitive
- Level and type of accountability
- HIPPA
- Nature of work
- Professional training
Funding

• Leverage existing resources
• BCBS conversion foundations
• Other local foundations
• Opioid use disorder
• National foundations
Solo Work

- Identify action steps for engaging with your local CHC
Conclusion

Final Comments & Questions
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THE LEARNING COMMUNITY
Building Capacity to Increase Impact

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EVALUATIONS

The Partnership Wants Your Feedback!

Please be sure to complete the evaluation for this session online, via the CAPCON18 Event App.

Thanks in Advance for your Cooperation!