Partnering for Community Prosperity – Recognizing the Connection of Social Determinants in Community Well Being

What does the research tell us?

Treating the “Problem”

- Communities, states, and the federal government invest in services to improve community well-being, including
  - Physical and behavioral healthcare
  - Housing
  - Education
  - Law enforcement
  - Job training, etc.
- Funding is tied to addressing “problems” [Disease Model]
Treating the “Problem”

- The “problem” is often just the symptom of the social/physical environment where the person has lived and/or has grown up in (the gerbil wheel).
- We wait until there is a crisis and then intervene to address the symptoms.
- Crisis services are very expensive and creates an ineffective delivery model.

Addressing Social Determinants of Well-being

- Social determinants of well-being are grounded in where we live, work, and play.
- Accurate predictors of economic, health, and quality of life outcomes.
- Treating symptoms and then sending patients back into the environment that created those symptoms does not produce long-term change.
- Much easier to maintain health than to try and gain/regain health.

Understanding Social Determinants

<table>
<thead>
<tr>
<th>Economic Stability/Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
</table>

Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Addressing Social Determinants of Well-being

- Community government programs that affect social determinants are often siloed and constrained
- Different funding streams with siloed incentives keep systems fragmented
- Developing expertise in their discreet service area keep systems siloed

- Government tends toward risk averse management, meeting rule/policy requirements rather than creating incentives for innovative thinking or cross collaboration
- Difficulty to manage effective communication across government systems, especially down layers of management

- Providing interventions for the community without engagement and leadership does not result in systemic, long-term change
- Results in:
  - Lack of trust in government – not willing to access services or trying to "game" services
  - Unused services because not what the community wants/needs
  - Lack of community ownership to ensure sustainability
Informing research

Partnering for Excellence
- Community test of change model
- Mission – to improve collaboration, partnership and a shared visions across county Departments of Social Services (DSS), LME-MCOs, private behavioral health providers, and the community to support children, who are at risk of being removed from their homes due to abuse or neglect

- Utilized existing government dollars in a more effective and collective way to produce change that would not be dependent on time limited grant funds
- Established a defined partnership role between a county DSS and its LME/MCO with shared values and vision
- Extended to the community through foster families, schools, judges, etc.
- Focused on outcomes with a trauma informed lens and intervention modality
Partnering for Excellence

- Research conducted by the Duke Center for Child & Family Policy found that PFE helped:
  - Keep children with their families
  - Significantly reduced high-cost out-of-home treatment options
  - Increased more accurate assessment and diagnosis among children who have experienced significant trauma
  - Reduced utilization of emergency departments, crisis services and inpatient psychiatry stays

Success was a catalyst for widening the lens of impact

Began extensive research looking at programs in NC and across the country for intervention modalities where government entities worked with each other and where government and communities worked together to focus on addressing barriers to community prosperity

Addressing social determinants of well-being
Addressing Social Determinants – Community Level

- **PURPOSE-BUILT COMMUNITIES**
- Neighborhood specific
- Community quarterback organization
- Mixed-income housing
- Cradle-to-career education
- Community wellness

Addressing Social Determinants – Community Level

- **COLLECTIVE IMPACT**
  - Engage the community
  - Focus on eliminating locally defined disparities
  - Develop a culture of continuous improvement
  - Leverage existing resources

Addressing Social Determinants – Community/State/Federal Level

- **HEALTH IN ALL POLICIES**
  - Decision-makers across different sectors are informed about the health, equity, and sustainability consequences of policy decisions in non-health sectors
  - National Prevention Council
    - Created by the ACA, brings together senior leadership from 20 federal departments, agencies, and offices around a shared health agenda
Addressing Social Determinants – State/Federal Level

- Centers for Medicare and Medicaid Services (CMS)
- State Innovation Model (SIM) grants (11)
  - Multi-payer delivery and payment reforms that include a focus on population health and recognize the role of social determinants
  - Establish linkages between primary care and community-based organizations and social services
  - Accountable Health Communities (32)
  - 5-year grant to implement and test Medicaid models to link beneficiaries with community services

Addressing Social Determinants – North Carolina

- Community Health Needs Assessments
- North Carolina’s 1115 Medicaid Reform waiver
  - Person-Centered Health Communities (PCHCs) to engage primary care and community organizations to assess for and address social determinants of health

Key indicators of research
Successful sustainable interventions

- Have top-down / bottom-up approach
- Engage communities – communities must be informed and a driver of the change for long-term sustainability
- Have local government leadership – must be open, motivated and be committed to long-term multi-generational change

Concurrent short term interventions are needed to build trust, confidence and maintain momentum in partnerships in both government and community

Important to identify a community quarterback that is of the community and working with the community

While the framework of the intervention model can be replicated, it must be flexible to meet the community where it is

Must not do “to” the community but “with” the community
Successful sustainable interventions

- Sharing outcomes across local government and communities is a powerful tool to move sustainable change
- Important to have accountability – all partners contribute to move the indicators for the shared outcomes
- The further upstream the interventions, the more effective outcomes and the greater the return on investment

Best ROI comes from interventions for 0 – 8 years of age.
- Must address whole community – kids live with grown-ups!
- Focus efforts on identified high need areas to produce greater results

Cleveland County
Coming together

- Convened broad discussion to improve access to behavioral health and substance use services
- Among those at the table:
  - Cleveland County Schools
  - Cleveland County Manager
  - Partners Behavioral Health
  - Cleveland County Division of Social Services
  - Cleveland County Division of Public Health
  - Cleveland County YMCA

Community well-being

- Conversation expanded to community well-being
- Ranked of 86th, 84th, 80th, and now 82nd out of 100 in the 2014-2017 in the Robert Wood Johnson Foundation County Health Rankings

Community well-being

- Health Rankings:
  - Provided visual of how Cleveland County compared to the State and its surrounding counties
  - Underscored concerns about Cleveland County’s competitive edge
  - How could Cleveland County improve its health and social and economic outcomes to encourage new companies to relocate and invest in its workforce?
Community well-being

SOCIAL/ECONOMIC FACTORS

<table>
<thead>
<tr>
<th>Factor</th>
<th>NC</th>
<th>Wake</th>
<th>Cleveland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe housing problems</td>
<td>17%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Injury deaths/100k pop</td>
<td>4%</td>
<td>28%</td>
<td>8%</td>
</tr>
<tr>
<td>Single-parent households</td>
<td>34%</td>
<td>29%</td>
<td>42%</td>
</tr>
<tr>
<td>Children in Poverty</td>
<td>22%</td>
<td>16%</td>
<td>29%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>5.9%</td>
<td>4.7%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

HEALTH FACTORS

<table>
<thead>
<tr>
<th>Factor</th>
<th>NC</th>
<th>Wake</th>
<th>Cleveland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen births</td>
<td>34%</td>
<td>20%</td>
<td>47%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>24%</td>
<td>17%</td>
<td>50%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>20%</td>
<td>25%</td>
<td>31%</td>
</tr>
<tr>
<td>Adult smoking</td>
<td>19%</td>
<td>14%</td>
<td>20%</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.7</td>
<td>3.1</td>
<td>3.9</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>4%</td>
<td>3.2</td>
<td>4</td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>18%</td>
<td>13%</td>
<td>17%</td>
</tr>
</tbody>
</table>

From other county-level data sources, analyzed county workforce:
- educational attainment
- existing employment sectors

Helped identify skill set gaps for current jobs and potential industries for economic development

Needed to rethink and change operations to strengthen Cleveland county.
Partnering for Community Prosperity

- Agreed to:
  1. Develop a collective approach across services (county/private) with shared outcomes AND shared funding to tackle identified issues
  2. Each participating partner takes responsibility for each agreed upon shared outcomes – even those outside their typical scope
  3. Create a pathway and real partnership with the community so that their voice is included, heard, and drives decision-making
  4. Recognize and address social determinants of well-being to create systemic and lasting change (Upstreaming Services)
  5. Embrace trauma-informed frame for all interventions.
Collective action
Expanded working group to include all partners who could improve community well-being
- Law enforcement
- Cleveland County Community College
- Gardner-Webb University
- Cleveland Regional Medical Center
- Housing and homeownership advocates
- Healthy food/food security advocates and providers
- Ollie Harris Behavioral Health Center
- Uptown Shelby Association
- Carolinas Healthcare System
- Faith leaders
- Graham Elementary

Partnering for Community Prosperity
- Established formal group and structure
- Recognized need for a community "liaison"
- Establish relationships with community leaders and residents
- Build trust and buy-in within community to ensure sustainability
- Amplify the community's voice, input, and guidance on community wants and needs
- Cleveland County Public Schools and Partners Behavioral Healthcare partnered to hire a community quarterback
Partnering for Community Prosperity

- Identified three key priority areas to improve health outcomes, disrupt intergenerational poverty and improve the overall well-being of the community:
  1. End childhood poverty
  2. Increase access to behavioral health services
  3. Increase access to substance use services

Began to drill down to map hot spots within Cleveland County to narrow down a targeted geographic area of intervention based on a number of factors, including:

- Crime
- Unemployment
- Per capita income

City of Shelby
Total Crime Index

2016 & 2017 Crime Data

- High: 100 and up (More than 50% Average)
- Medium-High: 50-100 (More than 25% Average)
- Medium-Low: 25-50 (Below Average)
- Low: 1-25 (Below Average)
- Very Low: 0-5 (Half of Average)
- No Data
Partnering for Community Prosperity

- Disproportionate rates of poverty, crime, unemployment, substance use identified in West Shelby
- Focused around Graham Elementary School
  - Implementing a "hub" approach utilizing school as a center for reaching out to the community
  - Creating integrated webs of support for children, their families, and the broader community
  - Producing lasting educational success, improved health and well-being, and establish/build hope
Community engagement

- Established focus groups of community members to hear concerns and what needs should be addressed.
- Developing a community Advisory Committee of community leaders to inform and guide the intervention efforts.

To build momentum and trust, immediate needs were identified by the school and community members and activities underway include:
- Community college GED and robotics training
- Faith volunteers in Graham Elementary
- YMCA after school care, camp, swimming
- Gardner Web University campus visit, health fair, open house – potential student placements
- School committing space in Graham for P4CP services

Next steps
1. Establish Advisory Council – June 2018
2. Begin contract with UNC Chapel-Hill To:
   - Develop evidence-based model of community interventions to reduce childhood poverty and increase community members’ physical and behavioral health
   - Review model with stakeholders and solicit feedback
   - Incorporate stakeholders’ feedback into an “Improved model for community change” with key outcomes and metrics for evaluating change.
Next steps

Use
UNC-developed model to plan short and long-term interventions and indicators

Identify
Role of each partner and their responsibility in moving the systemic change

Create
Baselines and begin ongoing measures of the interventions

Continue
Working with the 1115 waiver to incorporate support in funding, policy and practice for social determinant work

Questions?