Healthy Allegany

Allegany County Health Planning Coalition
e 26, 2013

Goals

- Provide culturally sensitive Community Health Worker services to link medical and social services and improve health outcomes for high-risk populations
- Strengthen and align community resources to address social determinants of health
- Improve provider engagement through provider trainings about poverty, cultural competency, social determinants, and patient engagement as well as tools to help meet the needs of area residents
- Strengthen the capacity of the Allegany County Health Planning Coalition to facilitate interconnected systems of care to improve the health of our community

Use of Grant Funds

Community Health Workers (CHWs)

- Provide Community Health Worker training
- Hire three CHWs to assist high-risk populations with lifestyle choices, accessing care, navigating resources, disease management, and addressing social determinants

Community Resources

- Create a comprehensive community resource guide for use by health care providers and CHWs
- Assess providers for health literacy and incorporate a food security checklist into health care facilities' intake process
- Create a coordinated transportation voucher system with oversight from a Mobility Manager at HRDC
- Minigrants for projects that enhance social connectedness

Use of Grant Funds

- Provide support services to address social determinants (emergency food, housing assistance, prescription assistance) through Associated Charities
- Provide evidence-based disease management programs in non-traditional settings (ex. low-income housing units)

Provider Engagement

- Train medical professionals and case managers on cultural competency, patient engagement, poverty, and addressing social determinants of health

Coalition Capacity

- Strengthen the Coalition by engaging new partners, sharing data, creating tools and resources to support initiatives, exploring and identifying an organizational structure

Use of Grant Funds

Grant Request $185,048 (+ $21,000 matching funds)

- $25,000 – Project Coordinator salary (.5 FTE)
- $57,200 – Community Health Worker salaries (2.5 FTE)
- $6,576 – personnel fringe
- $3,000 – CHW computers with software
- $2,400 – CHW supplies (telephone, scales, BP monitors)
- $4,000 – CHW travel/mileage/parking
- $25,000 – WMAHEC staff coordinate/teach CHW training, supplies, CPR
- $10,000 – Associated Charities assistance (food, housing, prescription)
- $29,000 – HRDC Mobility Manager salary and fringe (.5 FTE)
- $16,000 – transportation vouchers
- $6,872 – indirect costs

Matching Funds

- $15,000 – WMHS provider training, healthy living incentives, minigrants
- $3,000 – ACHD printing
- $3,000 – WMAHEC CHW curriculum

Sustainability

- Pledges from three community agencies to hire CHWs
- Tested CHW curricula with the potential to become a Workforce Investment Board or community college training
- Network of care remains that assists residents in navigating and utilizing available resources
- Providers trained in patient engagement, cultural competency, social determinants, and local resources
- Foundation for implementation of Community Integrated Medical Homes
- Strengthened Coalition has defined structure, engages partners, conducts shared data analysis, develops innovative health solutions

Sustainability

- Potential for CHW services to become reimbursable by Medical Assistance and other payors through Community Integrated Medical Homes
- Fees may be charged for CHW training offered through the local community college
- Grant activities and outcomes could provide justification for additional grant support for transportation services and assistance to address social determinants
- As a Total Patient Revenue (TPR) hospital, Western Maryland Health System will invest in proven practices that improve quality of care, reduce preventable hospitalizations and ED visits, and lower health care costs

Evaluation

- Project Coordinator facilitates implementation of the action plan, conducts evaluation, reports on progress and achievements, pursues opportunities for sustainability
- Evaluation data reported every other month to the Coalition, including progress on performance measures and financial update

Community Health Workers
• # recruited and hired as CHW • # successfully completed CHW Training with appropriate skills • # served per CHW • # encounters by type: lifestyle, access, disease specific, red flags, and social determinants • improved compliance rates as demonstrated by pre-post assessment of lifestyle, access, disease specific, red flags, and social determinants • % Increased patient satisfaction (pre-post survey) • # ED visits and hospital readmissions for individuals in hot spot areas
Outcome: 150 high-risk individuals assisted by qualified CHWs

Evaluation

Community Resources
• # assisted with transportation • # individuals receiving emergency assistance • # health care facilities assessed for health literacy • # patients receiving disease management education in nontraditional settings • # policy and environmental changes to promote health
Outcome: 50 health care providers linking patients to social resources and 200 low-income residents served by new resources
Provider Engagement
• # providers trained • # of medical offices with identified point of contact for CHW • # providers using comprehensive resource guide • # providers using food security checklist at intake
Outcome: 50 providers link with CHWs and utilize Healthy Allegany tools/resources
Coalition Capacity
• # new and active Coalition members • # data sharing and hot spot mapping events • # shared tools, resources and processes developed and supported • # participants in a series of community-wide discussions • Documented commitment from ACHD, WMHS and # of community and medical providers to an identified organizational structure
Outcome: Community-led coalition with at least 1.0 FTE and $25,000, supported by the WMHS and ACHD and recognized as leader