

Putting the Pieces Together: Building a Social Care Network to Address Health Equity

Joy Doll, OTD, OTR/L, FNAP – CyncHealth

Halima Montecalvo, PhD, MPH– Unite Us

Pamela Schwalb, PhD – United Way of the Midlands

Welcome and Introductions



United Way
of the Midlands



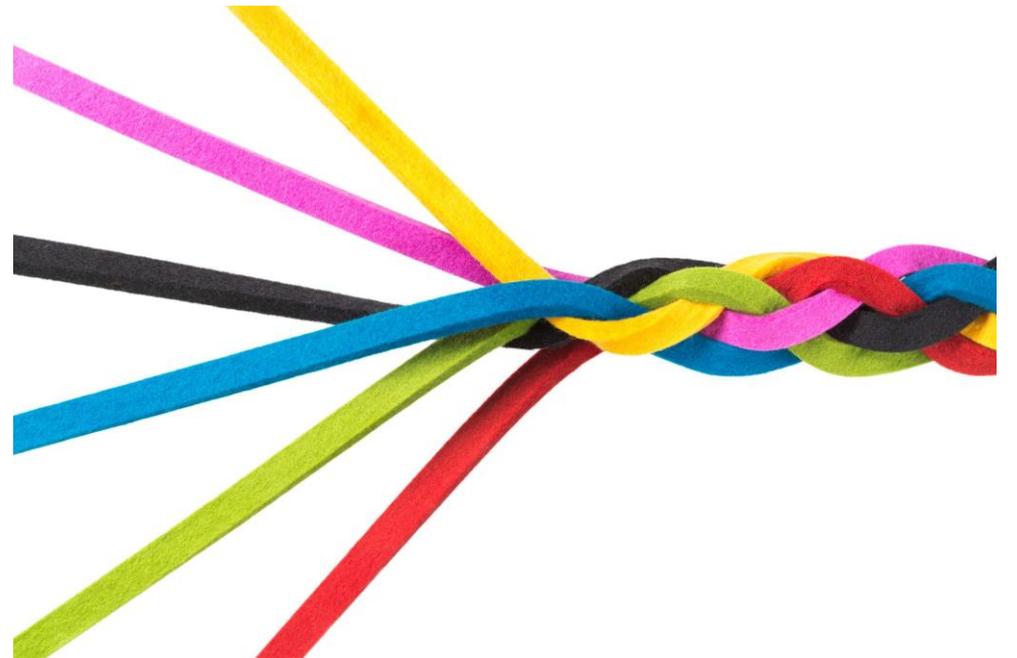
Session Objectives

By the end of this session, participants will be able to:

- Discuss firsthand how building a social care network can and has helped to address health disparities.

Session Overview

- Overview of network
- Impact of SDOH ecosystem
- Equity stories
- Panel discussion



Disclosures

- Joy Doll is in a technology partnership with Unite Us yet has not been compensated for this presentation.
- Halima Montecalvo is the Senior Director of Research and Evaluation at Unite Us yet has not been compensated for this presentation.
- Pamela Schwalb is the COO for United Way of the Midlands and has not been compensated by Unite Us for this presentation.

Building a social determinants of health ecosystem: A journey into the unknown

- Health care is occurring outside the walls of HCOs
- Data can drive decision making and identify clear community needs
- Community voice and policy need to interdigitate
- The current infrastructure does not clearly identify needs and match people with resources efficiently

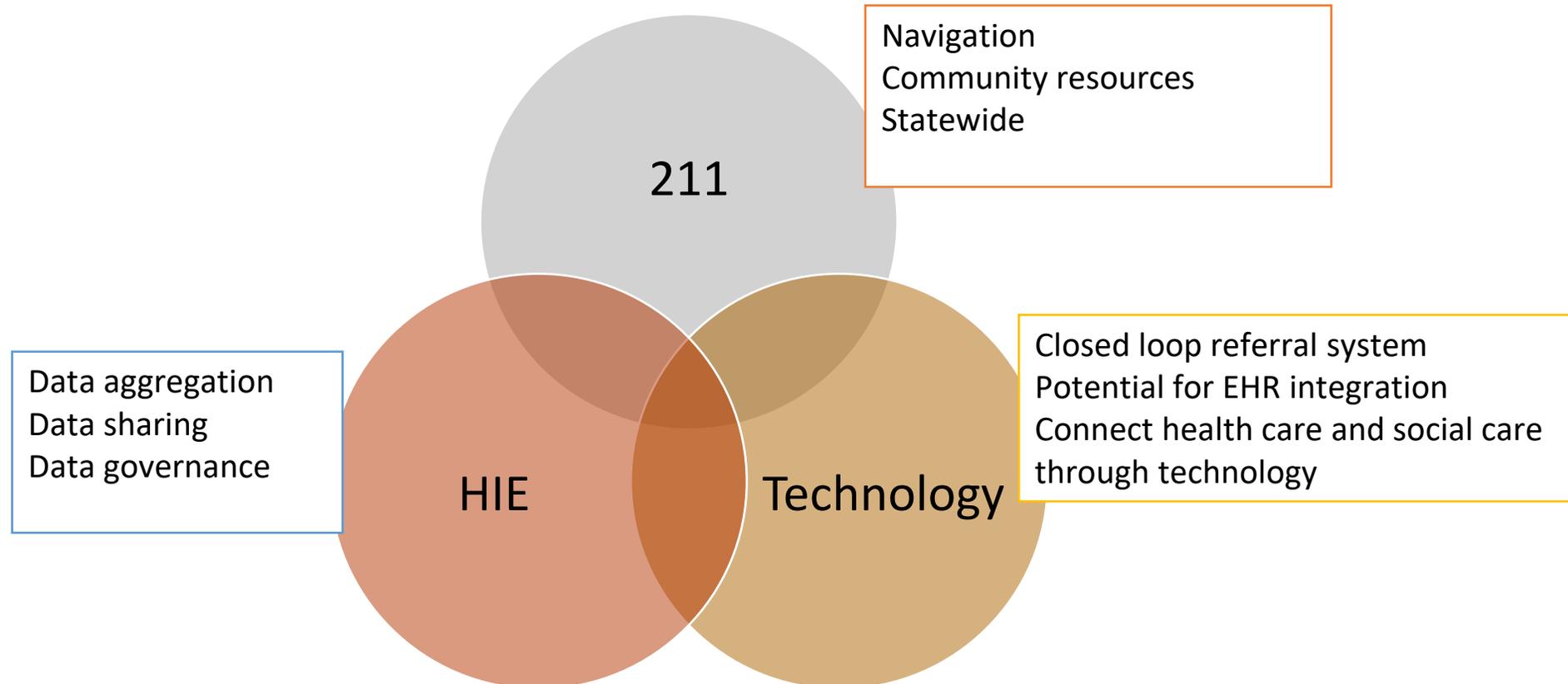
Our Story

- In 9/2020, we kicked off a journey to build a social determinants of health ecosystem focused on:
 - Meeting more needs
 - Connecting health and social care
 - Building equitable strategies
 - Interoperability
 - Preventing siloed data
 - Longitudinal health record
 - A healthier community



Our Equity Lens

- Leverage cross-sector partnerships & assets



The Reality in Our Community

- In Omaha, people of color experience poverty at nearly twice the rate of the community overall.
- Historical “red-lining” has resulted in what amounts to a health desert in areas where primarily Black and Hispanic/Latino individuals reside.
- 211 partners with Unite Nebraska and Help Me Grow Nebraska in an effort to weave together thousands of providers in a coordinated care network for vulnerable populations of children and families to address disparities, for improved health access, improved health conditions, and promotion of equity initiatives and solutions around the state.

Current Status: Our Growing Ecosystem

Nebraska:
418 organizations



Iowa:
358 organizations

Lessons Learned

- Building a SDOH ecosystem
- There is no wrong door to social care
- Cross-sector partnerships are critical
- Trust building is a priority
- Stratification around community needs
- Longitudinal health record – EMPI, USCDI
- Workforce development

Trust Building Framework

AAMC Principles of Trustworthiness



Deserving trust is crucial to equitably partner with the communities you engage and to achieve health justice.

Remember, though, the process of engagement is as important as the product. Here are 10 principles that community stakeholders endorse as the guiding compass on your journey to establishing trustworthiness.

1



The community is already educated; that's why it doesn't trust you.

Words matter. Be mindful of how you frame your relationship. It is not your job to teach to the gaps you assume the community has. Mistrust is a rational response to actual injustice. The community knows what it doesn't know and will ask when it thinks you have answers it can trust. (This goes for "empowering" the community, too.)

2



You are not the only experts.

People closest to injustice are also those closest to the solutions to that injustice. (That is probably not you or your organization and, even if it is, there's a power imbalance.) Listen to people in your community. They have deployed survival tactics and strategies for decades — centuries, even. Take notes. Co-develop. Co-lead. Share power.

3



Without action, your organizational pledge is only performance.

Walk the walk, please. Deploy resources. Coordinate across your organization. Hire someone to the C-suite and a network or coalition of experts to be responsible for transformation because transformation is not a one-person job. Be authentic. Don't just say you're committed to the goal of health equity; do the work to achieve it.

4



An office of community engagement is insufficient.

One full-time employee doesn't cut it. Don't jam this work into your existing diversity and inclusion office, either. Trustworthiness is not a "minority tax"; we are all responsible. This is systemwide, all-hands-on-deck work and, as such, should be acknowledged, incentivized, and promoted in material ways.

5



It doesn't start or end with a community advisory board.

Running your thoughts by a group of self-appointed community leaders for a thumbs-up does not suffice. Take to the streets to get some unfiltered opinions. And then work together with the community to put that wisdom into the work. Make it clear to all you've done so, and explain the benefits accrued.

6



Diversity is more than skin deep.

We are diverse within our diversity. Do not rely solely on matching skin tones to make a difference. Think intersectionality and multiple identities, but remember: humility and honesty are the foundation for earning trust.

7



There's more than one gay bar, one "Black church," and one bodega in your community.

Not all gay people go to the club, and not all people of color go to the same church (or go at all). Know all of your community's assets. Visit them. Meet the patrons. Meet the leaders. Break bread and share a meal — at their tables.

8



Show your work.

The community does not think you are perfect, and the past is always present. So be transparent about your limitations, your biases, your goals, your funding, and the outcomes that matter to you. Then ask the community to do the same. Identify the "win-win" for all parties. No secrets, no surprises.

9



If you're gonna do it, take your time, do it right.

Demonstrating trustworthiness is not a one-and-done proposition. Keep at it. Be mindful. Remember, it takes a long time to build trust and only a split second to destroy it. Pace yourself.

10



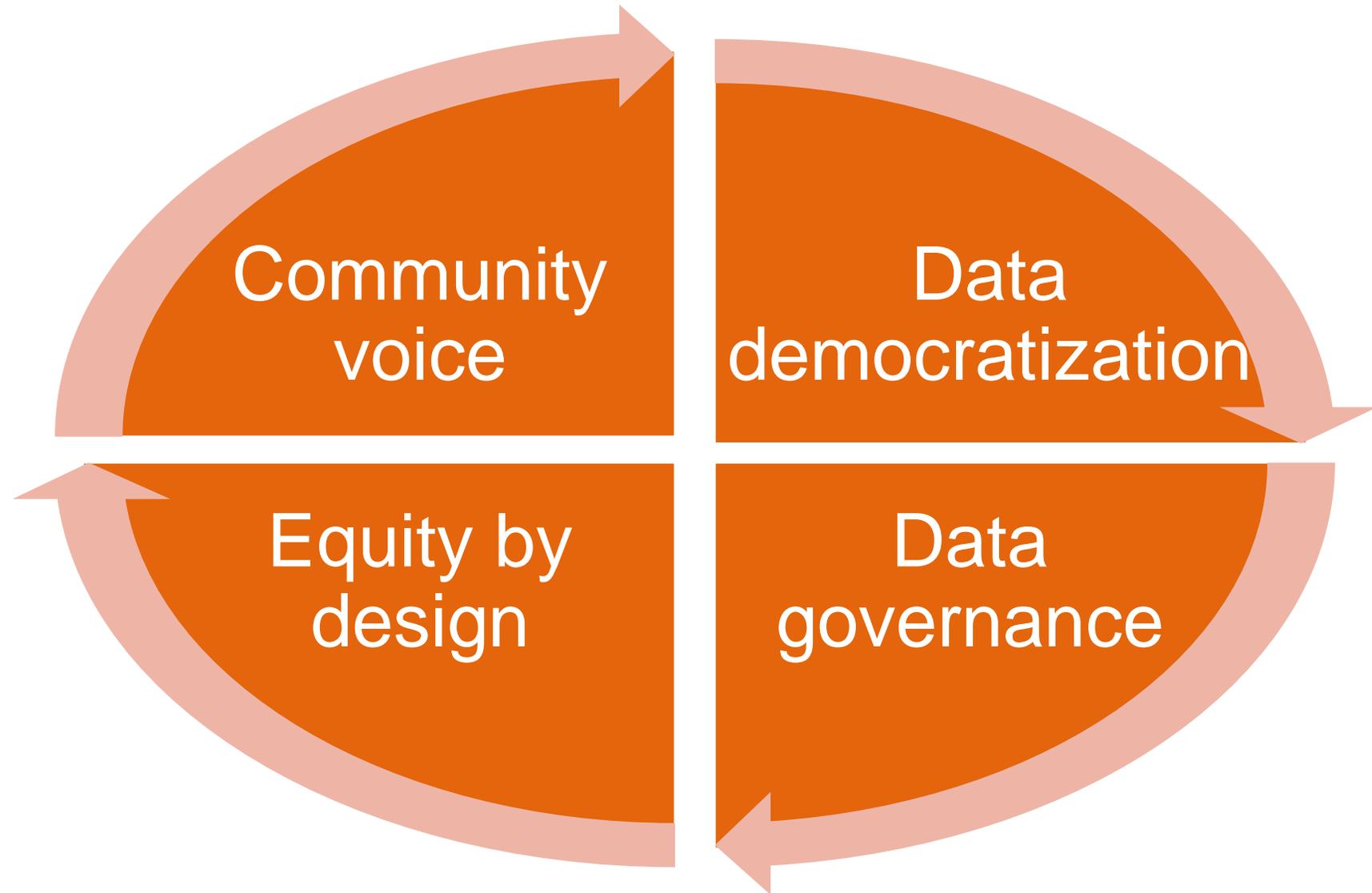
The project may be over, but the work is not.

Do not drop in and drop out. Share results. Partner on next steps. Close the loop. The community is constant — it is not there only for the duration of your grant or initiative. Be there for the community, always, and it is more likely to want to be there for you.

Lessons Learned

- Identify champions within organizations
- Ongoing support is necessary
- Talk to others
 - SDOH User Group
- Be solution-oriented
 - Monitoring progress and adapting
 - Work towards unique clinical workflows
 - Customize training
 - Community convening
 - Listen and empathize
 - BE in community

Promoting Equity



Equity in Action: Language Access

- Health care organizations have language access
- CBOs typically do not
- 2-1-1 has a language line
- CyncHealth team monitors referrals in Unite Us platform
- If referrals are rejected, CyncHealth reaches out to educate the CBO
- Expands access and service delivery!

Better Together: Building a System for Equity

- Cross-sector partnerships leverage assets for each organization
- Follow-up protocols to track and support individuals when they obtain services from any organization or health care provider within the network
- Honor feedback from community partners
- Identify gaps in our list of partners/HCOs/CBOs, based on conversations
- Regular convening
 - Celebrate wins
 - Partner development
 - Tell the story

In the Community



Better Together: Building a System for Equity

- Expanded screening and referrals
 - PRAPARE
 - Self-referral mechanisms
- Growing a SDOH ecosystem that includes:
 - State-of-the-art closed-loop referral network to measure impact
 - Understand if needs were met
 - Set up for longitudinal studies that marry health and social records

Once you have the data....

Identify community
needs

Address service gaps

Amplify the
community voice

Support policy
initiatives

Grant support

...what do you do with it?

Community Impact Story

- Health and Dwelling: A Medical Respite for the Homeless Program
 - Health and Housing Coalition
 - Funded by CHI Mission & Ministry Grant
 - Partners: CHI Health, Wellbeing Partners, MAACH
 - Focus on health status of homeless to establish need for medical respite in greater Omaha
 - Data on homelessness supported funding for Siena Francis House and Charles Drew to implement a medical respite for the homeless program in North Omaha
 - Referral for program through Unite Nebraska

The community spoke, we listened...we wrote a grant to mobilize our community around housing.



Awarded grant entitled *Developing a Roadmap for Democratizing Data for Housing and Homelessness Leveraging COVID-19 Funding* funded by Data Across Sectors of Health through Learning and Action in Policy and Partnerships (LAPP) (January-August 2022)

Please come to
a community
open forum hosted
by CyncHealth



We will provide lunch and incentives.
Go to <https://tinyurl.com/ye293524>
to register or scan the barcode.



- 1 Through this project we plan to develop a community-driven roadmap to identify the data needs for community based organizations
- 2 We want to democratize health and social data so that community organizations can have their own data that can be used to identify challenges and opportunities for

For more information contact Roger Gonzales
at rgonzales@cynchealth.org

Funding provided by Data Across
Sectors for Health through Learning
and Action in Policy and Partnerships

Better Together: What's Next?

- Identify gaps in care and work towards resolution
 - Example: Health and Dwelling Program
- Drive interoperability
- Plans to engage individuals who were part of system – what was their experience?
- Plans to keep aligned with what is happening in the community
- Ultimately, how will data be used to improve lives? Who will data be shared with?
- How do we hold ourselves accountable to equity?

Question and Answer Session

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