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Pursuing Health Equity in Rhode Island

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RIDOH Mission and Vision



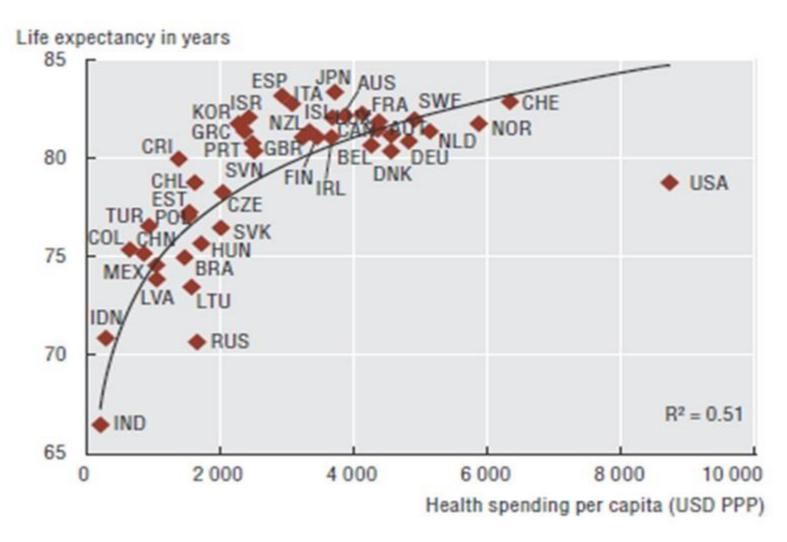
Mission: To protect and promote the health of Rhode Islanders

Vision: Safe and healthy lives in safe and healthy communities



Life Expectancy and Healthcare Spending

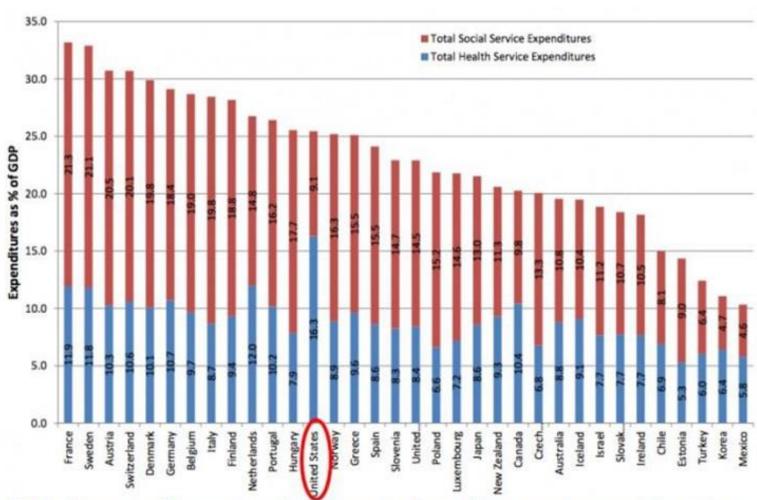




Life expectancy at birth and health spending per capita, 2013, in *Health at a Glance 2015*, OECD Publishing, Paris. Organization for Economic Co-operation and Development (OECD)

Investing in Social Services



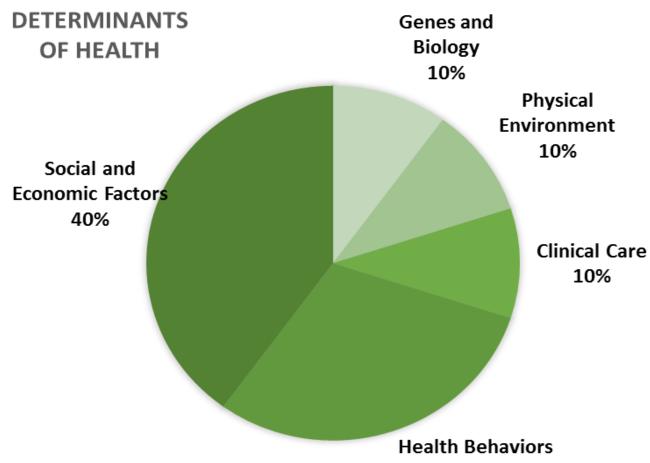


In OECD, for every \$1 spent on health care, about \$2 is spent on social services In the US, for \$1 spent on health care, about 55 cents is spent on social services

Addressing Determinants of Health



The case for investing at the community level to improve "health"



OVERARCHING GOAL

Positively Demonstrate for Rhode Islanders the Purpose and Importance of Public Health

LEADING PRIORITIES

Address the Social and Environmental Determinants of Health in Rhode Island

Eliminate the
Disparities of Health
in Rhode Island
and Promote Health
Equity

Ensure Access to
Quality Health
Services for
Rhode Islanders,
Including Our
Vulnerable
Populations

CROSS-CUTTING STRATEGIES

RIDOH Academic Center: Strengthen the integration of scholarly activities with public health **RIDOH Health Equity Institute:** Promote collective action to achieve the full potential of all RIers

Leading Priority

Address the Social and Environmental Determinants of Health in Rhode Island

Involve Internal RIDOH Programs

- Drinking Water Quality
- Food Protection
- Environmental Health
- Healthy Homes & Communities
- State Health Laboratories
- Facilities Regulations & Licensing

In addition to RI
Communities,
Partner with
State Agencies
throughout
Rhode Island



- DCYF DOC DEM DOT RIDE
- Elderly Affairs
- Emergency Management Agency
- Behavioral Healthcare, Developmental Disabilities & Hospitals

Leading Priority

Eliminate the Disparities of Health in Rhode Island and Promote Health Equity

Examples of Disparities to Target

Sex: Overdose

Geographic: Child Obesity, C Diff, STIs

Age: Environmental Safety

Race/Ethnicity: Cancer, Diabetes, Asthma

Sexual Orientation: STIs, substance use

Gender Identity: Access to Care

Disability: Substance Use, Mental Health

Education: Life Expectancy

Use a Health Equity Framework and Lens Throughout the State

- Support the implementation/expansion of the Health Equity Zones (HEZ)
- Incorporate into programs within RIDOH
- Partner with state agencies to integrate strategic planning and implementation throughout Rhode Island

Leading Priority

Ensure Access to Quality Health Services for Rhode Islanders, Including Our Vulnerable Populations

Ensure Access to Care

- Match with Medicaid and ACA Goals
- Build with Community Health Centers
- Preventative Services and Primary Care
- Maternal and Child Health
- Long-term Care
- Ensure patient involvement /empowerment

Ensure Quality Health Services

- Health Professions & Systems
 Development
- Emergency Response & Disease Control
- Vital Records & Medical Examiners
- State Health Laboratories

RIDOH Academic Center



Continuous Quality Improvement Program

- Since 2012, 27% of RIDOH staff have been CQI-Trained, and between 12-15 CQI projects have been completed annually.
- Since 2015, <u>five Lean</u> Initiatives were conducted (professional licensing, facilities complaints, public records requests, etc.).

Workforce and Career Development Program

- In 2016, 67% of staff attended at least one of five courses offered in an agency-wide learning pilot online, using TRAIN.
- RIDOH's new employee orientation "onboarding" program was revised with 5 onboarding facilitators created at RIDOH.

Public Health Education Academy

- RIDOH has become a designated Academic Health Department
- RIDOH has signed academic Memorandums of Understanding with Brown University School of Public Health, the University of Rhode Island, and RIC.

Public Health Research Laboratory

- <u>Public Health Scholars from Academic Institutions</u> will conduct research driven by partnership of faculty and RIDOH staff
- RIDOH is in the process of developing a Department CV to centralize and disseminate staff publications and presentations.

RIDOH Health Equity Institute



- Strategically positioned organizationally within the Director of Health's Office
- Staff Office of Special Needs; Office of Minority Health; Maternal and Child Health; RIPIN Resource Specialist Contract
- Applies health equity lens to all RIDOH programs and policies
- Provides guidance on data analyses, develops joint work plans, implements best practice interventions to create equity

RIDOH Health Equity Institute



Educating staff and community partners on health equity in all policies, root causes of health disparities, language access, disability and cultural competency, and engaging with tribal nations. Endorsing cross-departmental alliances:

- RIDOH LGBTTQQ Equity Initiative
- RIDOH Social Justice Roundtable

Additional projects include:

- Rhode Island Health Equity Zones partnerships
- Aligning federal home stabilization resources to RIDOH programs and contracted partnership efforts
- CLAS (culturally and linguistically appropriate services)
- Youth Violence Prevention

RIDOH LGBTTQQ Equity Initiative



- Established at RIDOH in 2015
- Includes more than 30 staff members from throughout RIDOH
- Exploring RIDOH's capacity to better serve LGBTTQQ (lesbian, gay, bisexual, trans, twospirit, queer, and questioning) communities
- For example: in June RIDOH co-hosted a listening session on LGBTQ Health and Safety

RIDOH LGBTTQQ Equity Initiative



We all need to do a better job creating a welcoming and affirming environment for people of all cultures, gender identities, and sexual orientations

RIDOH considers how health disparities and social inequality occur in multi-dimensional ways

For example: unique challenges faced by LGBTQ individuals of color who are elderly

RHODE ISLAND STATEWIDE INTEGRATED POPULATION HEALTH LEADING PRIORITIES, STRATEGIES, AND GOALS

Three Leading Priorities Guide Our Work

Address the Social and Environmental Determinants of Health in Rhode Island

Eliminate the
Disparities of Health in
Rhode Island and
Promote
Health Equity

Ensure Access to
Quality Health Services
for Rhode Islanders,
Including Our
Vulnerable Populations

Five Strategies Will Move Us Forward

23 Integrated Population Health Goals and Metrics Align with Statewide Healthcare Planning

Five Strategies

- 1. Promote healthy living for all through all stages of life
- 2. Ensure access to safe food, water, and healthy environments in all communities
- 3. Promote a comprehensive health system that a person can navigate, access, and afford
- 4. Prevent, investigate, control, and eliminate health hazards and emergent threats
- 5. Analyze and communicate data to improve the public's health

THREE LEADING PRIORITIES

Address the Social and Environmental Determinants of Health in Rhode Island

Eliminate the Disparities of Health in Rhode Island and Promote Health Equity Ensure Access to Quality Health Services for Rhode Islanders, Including Our Vulnerable Populations

FIVE STRATEGIES

- 1. Promote healthy living for all through all stages of life
- 2. Ensure access to safe food, water, and healthy environments in all communities
- **3.** Promote a comprehensive health system that a person can navigate, access, and afford
- **4.** Prevent, investigate, control, and eliminate health hazards and emergent threats
- 5. Analyze and communicate data to improve the public's health

*These goals have been proposed through the State Innovation Model and are under review.

23 POPULATION HEALTH GOALS

- 1 Reduce obesity in children, teens, and adults
- 2 Reduce chronic illnesses, such as diabetes, heart disease, asthma, and cancer
- 3 Promote the health of mothers and their children
- 4 Promote senior health to support independent living
- 5 Promote behavioral health and wellness among all Rhode Islanders*
- 6 Support Rhode Islanders in ongoing recovery and rehabilitation for all aspects of health*
- 7 Increase access to safe, affordable, healthy food
- 8 Increase compliance with health standards in recreational and drinking water supplies
- 9 Reduce environmental toxic substances, such as tobacco and lead
- 10 Improve the availability of affordable, healthy housing and safe living conditions*
- 11 Improve access to care including physical health, oral health, and behavioral health systems
- 12 Improve healthcare licensing and complaints investigations
- 13 Expand models of care delivery and healthcare payment focused on improved outcomes*
- 14 Build a well-trained, culturally-competent, and diverse health system workforce to meet Rhode Island's needs*
- 15 Increase patients' and caregivers' engagement within care systems*
- 16 Reduce communicable diseases, such as HIV and Hepatitis C
- 17 Reduce substance use disorders
- 18 Improve emergency response and prevention in communities
- 19 Minimize exposure to traumatic experiences, such as bullying, violence, and neglect*
- 20 Encourage Health Information Technology adoption among RI healthcare providers as a means for data collection and quality improvement
- 21 Enhance and develop public health data systems to support public health surveillance and action
- 22 Develop and implement standards for data collection to improve data reliability and usability
- 23 Improve health literacy among Rhode Island residents*

Three Leading Priorities Guide Our Work

Address the Social and Environmental Determinants of Health in Rhode Island

Eliminate the Disparities of Health in Rhode Island and Promote Health Equity

Ensure Access to Quality
Health Services for
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Five Strategies will move us forward

Twenty-three Integrated Population Health Goals

Key Metrics for each Integrated Population Health Goal

Action Plan Key Initiatives to achieve each Key Metric

Intermediate Measures for the RIDOH Dashboard

Individual Achievement Goals



Special Initiatives at RIDOH



- Since March 2015, 10 HEZs throughout Rhode Island.
- Geographic areas with measurable health disparities, poor health outcomes, and identifiable social and environmental conditions to be improved.
- Each project will be implemented over a three or four year period.
- Funding supports local collaboratives and action plans that include municipal leaders, residents, businesses, transportation and community planners, law enforcement, education systems and health systems, among others.



- Improve health of communities with high rates of illness, injury, chronic disease, or other adverse health outcomes
- Improve birth outcomes
- Reduce health disparities
- Improve the social and environmental conditions of the neighborhood



Support policy change / environmental health policies



City of Providence, Healthy Communities Office

Focus on tobacco-free environments, access to healthy food and beverages, and access to physical activity and safe walking.





Woonsocket, Thundermist Health Associates:

Focus on substance abuse, trauma, and teen pregnancy

Pawtucket and Central Falls, Local Initiatives Support Corporation:

Focus on housing, access to health care and mental health services, job readiness, transportation, parks and libraries, education, and child care.



Health Equity Zone Sustainability



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Priorities

Health System Transformation with Community Health Workers



- Creating effective community-clinical linkages is vital to health system transformation.
- The employment of Community Health Workers frontline public health workers who are trusted members of the communities served – is a nationally recognized model for improving community health.
- Examples of Community Health Workers include:
 - Chronic disease case managers
 - Substance use disorder peer recovery coaches
 - Bi-lingual health systems navigators
 - SBIRT patient navigators
 - Public Housing Resident Coordinators

Health System Transformation with Community Health Workers



- CHWs are distinct from other members of health teams. They
 are hired for their understanding of the populations they serve
 (rather than just from expertise due to formal education).
- To achieve greater respect among other healthcare professions, improve compensation and working conditions, increase job stability and portability, and to better integrate CHWs into the health system, RIDOH and the RI Certification Board finalized a Community Health Worker certification credential to create a workforce for the healthcare system.
- A standardized education and scopes of practice across different CHW roles will result from this new certification credentialing – among the first in New England.

Health System Transformation with Community Health Workers





CHW Certification Credentialing

- RIDOH and community partners that include Rhode Island College established a Community Health Worker certification credential through the RI Certification Board
- This will bring visibility to the profession, increase job stability and portability, and better integrate Community Health Workers into the health system.

Next steps

- Submitting a proposal for an updated Real Jobs RI grant in partnership with Rhode Island College to forge Community Health Workers as a profession for health systems.
- Re-establish the Community Health Worker Association of Rhode Island through the Rhode Island College and RIDOH partnership, as a pathway for professional advancement.
- Continue to develop payment opportunities for a CHW workforce pipeline in the health system

Demonstrating ROI with CHWs



Home Asthma Response Program

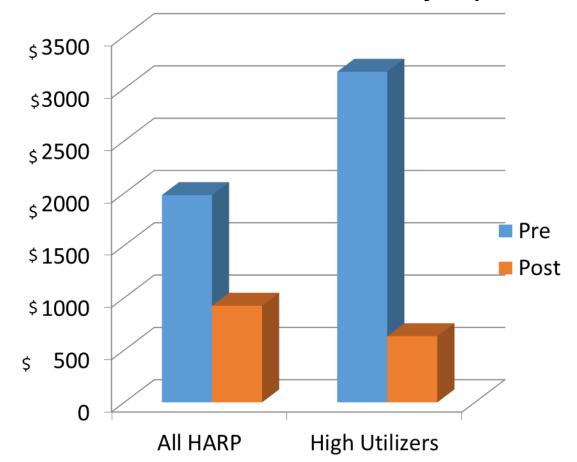
- After a child visits the ED for asthma, three home visits assess home environment, remove/mitigate triggers, educate caregivers on medications and environmental control options.
- Certified Asthma Educators and CHWs ensure caregiver understands how to obtain and use medications and/or devices, thus enhancing compliance with physician Asthma Action Plan.
- For families who don't have an Action Plan, the Asthma Educator does outreach to get one from the primary care provider and reviews it with the caregiver.

Demonstrating ROI with CHWs



- 53.4%
 reduction in
 overall costs
- 80%
 reduction in
 costs for high
 utilizers
- 92%
 reduction in
 asthma related
 hospital and
 ED costs

Received actual claims from three insurers for HARP Year 2 (N=41 eligible cases with claims for analysis)



Transforming Practices with CHWs





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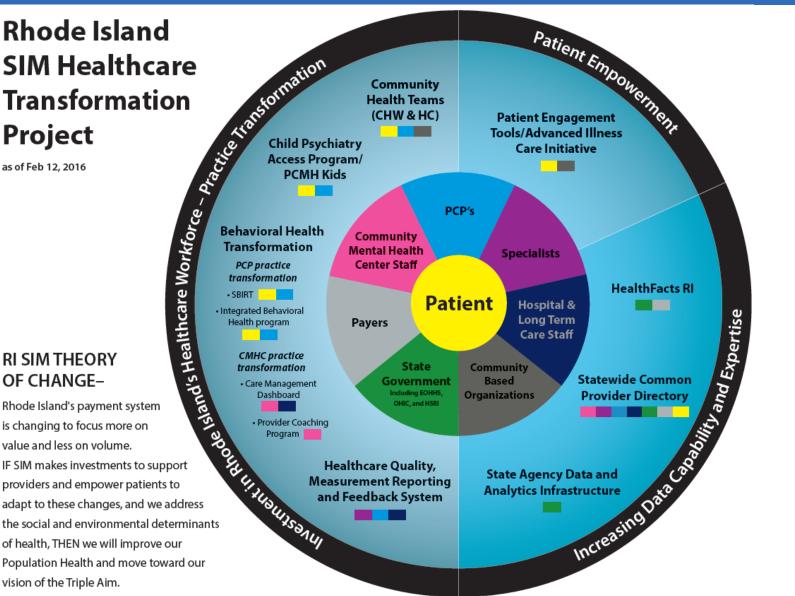
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RI SIM THEORY OF CHANGE-

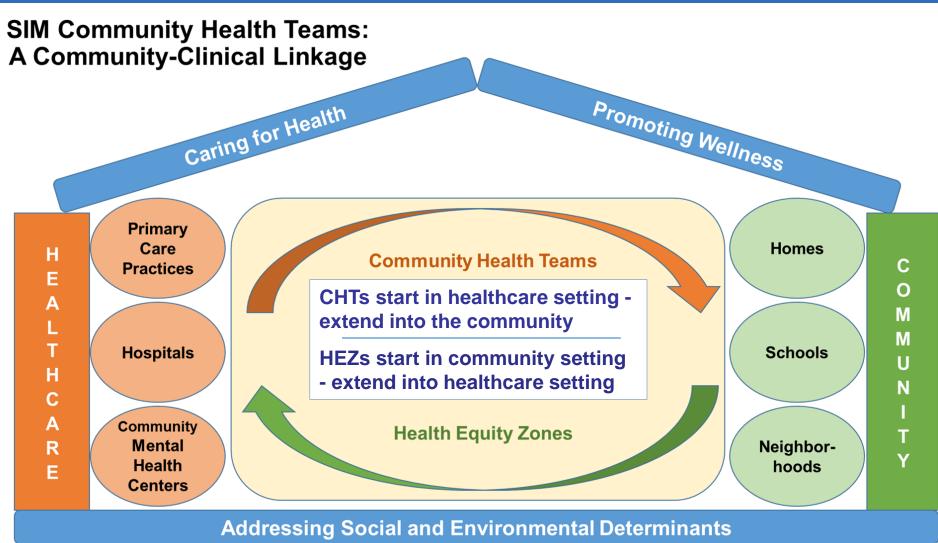
vision of the Triple Aim.

Rhode Island's payment system is changing to focus more on value and less on volume. IF SIM makes investments to support providers and empower patients to adapt to these changes, and we address the social and environmental determinants of health, THEN we will improve our



Transforming Practices with CHWs







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