Moving Toward Health Equity

Redwood Community Health Coalition
Kelly Bond, Michelle Rosaschi, Lilian Merino, Danielle Oryn, Karen Milman
March 23, 2021
Our vision is to return to high levels of BP & A1c control as seen pre-Covid

Current Aim Statements:

• #1. RCHC will improve health equity among health center patients by increasing the rate of uninsured patients with controlled diabetes (A1c of < 9%) from 62%* to 71% by March 31st 2021.

• #2. RCHC will improve patient-team partnership, as defined in the 10 Building Blocks of Primary Care, by increasing the RCHC aggregate health center self-assessed score of the patient-team partnership domain by one level from 7.6 (Level B) at baseline in 2019* to 8.6 (Level B) by the final assessment at the end of the grant period.

New Aim Statement

• To increase the rate of blood pressure and A1c control among health center patients* to pre-Covid levels by March 31st, 2022 through bringing patients back into care.

• *RCHC’s health equity subpopulation is the uninsured, which we will continue to monitor.
Why It’s Not Possible Now

- Stay-at-home orders
- Patient fears of coming into clinic
- Lack of virtual health connection due to low tech literacy among patients or living in a tech desert
- Increased in food insecurity, chronic stress, and a decrease in physical activity levels
- Continued transition to and support for offering virtual care
- Covid-19 vaccine administration

https://www.cdc.gov/dotw/covid-19/index.html
Learnings that Will Inform Our Desired Future

Bright Spots/Accomplishments

► Executed PHASE workplan, including trainings
► Hosted virtual quality tours
► Rolled out SMBP machine expense reimbursement
► Hosted first ever Food Champion Roundtable

Activities We will Keep Doing Based on Learnings

► Provide telehealth support including:
  ▲ Telehealth/virtual care office hours
  ▲ Telehealth billing webinar
  ▲ Vendor demonstrations
► Record and publish QI Chat Room podcast episodes
► Facilitate health equity workgroup
What Else is Possible?

▲ Support the rollout and continued screening of patients using ACEs Aware for referral to services.

▲ Host another Food Champion Roundtable for health centers to collaboration on their food access and nutrition initiatives. This roundtable will now include Community-Based Organizations.

▲ Offer tobacco cessation QI intervention project opportunity

https://www.flickr.com/photos/christopherdale/7617487586/
Patients were experiencing feelings of isolation, loneliness, and boredom.

Patients blamed their lack of self control (i.e. overeating) for their poor health and struggled to think of a time they were feeling healthy.

Patients were reluctant or unable to find community.

Patients felt disempowered in themselves to make changes.

Health disparity gaps will shrink for patients

Increased patient engagement may lead to higher performance on numerous measures and a more satisfied health center workforce

Overall health of the community will improve with the control of BP and A1c

Increased patient engagement may lead to higher performance on numerous measures and a more satisfied health center workforce.
Challenges if We Don’t Move Forward with Solution

▲ Health disparity gaps will continue to widen

▲ Health centers will continue to struggle with performance

▲ Health care services will not meet patient needs

https://ixeedsolutions.co.uk/2020/12/17/top-5-recruitment-challenges-to-tackle-in-2020/
What We Need from Our Leaders to Make it Happen

Dedicated time for RCHC staff to work on cardiovascular initiatives and QI work

Inclusion of Social Determinants of Health and Health Equity in the strategic plan, and the continuation of the Health Equity Peer Group

Continued provision of local and national cardiovascular resources
Thank you for your time!

Redwood Community Health Coalition
Kelly Bond, Michelle Rosaschi, Lilian Merino, Danielle Oryn, Karen Milman
kbond@rchc.net