Land Acknowledgement

Olympic Community of Health would like to acknowledge that the Olympic region is on the traditional territory of **many nations, including** the Hoh, Jamestown S'Klallam, Lower Elwha Klallam, Makah, Port Gamble S'Klallam, Quileute, and Suquamish tribes.

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Healthy people, thriving communities

Vision

A healthier, more equitable three-county region.

Purpose

To tackle health issues that no single sector or tribe can tackle alone.

Mission

To solve health problems through collaborative action.

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Social Conditions and Health

Why we are here and why it matters

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OCH & Collaborative Consulting

OCH & Collaborative Consulting teamed up to better understand social conditions impacting health in the region and opportunities for intervention.

Work included:

- Literature review

- Profile of multi-partner initiatives to address adverse social conditions

- Survey of OCH partners on social needs

- Review of publicly available social conditions data

Convening Purpose

Bring OCH partners together to review what has been learned about current social needs and activity to address adverse social conditions in the region.

To gain insight on and gauge interest in potential opportunities for regional collaborative intervention to improve health-related social conditions in the region.

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Virtual Norms

- Find a quiet place where you can stay engaged and avoid distractions
(and embrace distractions as they occur-we're all adapting to our new work styles now!)

- Use a webcam if possible, seeing one another builds trust and will help facilitate more meaningful small group discussions

- Speak at a slower pace and be comfortable with silence

- Utilize the chat box to raise questions or comments

- Be mindful that OCH meetings are open to the public and all are welcome

- Care for yourself: stand, stretch, drink water and/or eat, use the restroom as needed

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Rapid networking

Breakout 1   What do you value most about your community?

Breakout 2   What community strengths have you seen during COVID-19?

Breakout 3   What positive changes do you hope remain as we continue to evolve from COVID-19?

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Health is more than healthcare

- 1990
- Tobacco (400,000 deaths)
- Diet and activity (300,000 deaths)
- Alcohol (100,000 deaths)
- Microbial agents (90,000 deaths)
- Toxic agents (60,000 agents)
- Firearms (35,000 deaths)
- Sexual behavior (30,000)
- Motor vehicles (25,000 deaths)
- Illicit use of drugs (20,000 deaths)

JAMA Network

JAMA

November 10, 1993

Actual Causes of Death in the United States

J. Michael McGinnis, MD, MPP; William H. Foege, MD, MPH

>> Author Affiliations

JAMA. 1993;270(18):2207-2212. doi:10.1001/jama.1993.03510180077038

Abstract

Objective. —To identify and quantify the major external (nongenetic) factors that contribute to death in the United States.

Data Sources. —Articles published between 1977 and 1993 were identified through MEDLINE searches, reference citations, and expert consultation. Government reports and compilations of vital statistics and surveillance data were also obtained.

Study Selection. —Sources selected were those that were often cited and those that indicated a quantitative assessment of the relative contributions of various factors to mortality and morbidity.

Data Extraction. —Data used were those for which specific methodological assumptions were stated. A table quantifying the contributions of leading factors was constructed using actual counts, generally accepted estimates, and calculated estimates that were developed by summing various individual estimates and correcting to avoid double counting. For the factors of greatest complexity and uncertainty (diet and activity patterns and toxic agents), a conservative approach was taken by choosing the lower boundaries of the various estimates.

Data Synthesis. —The most prominent contributors to mortality in the United States in 1990 were tobacco (an estimated 400000 deaths), diet and activity patterns (300 000), alcohol (100 000), microbial agents (90 000), toxic agents (60 000), firearms (35 000), sexual behavior (30 000), motor vehicles (25 000),

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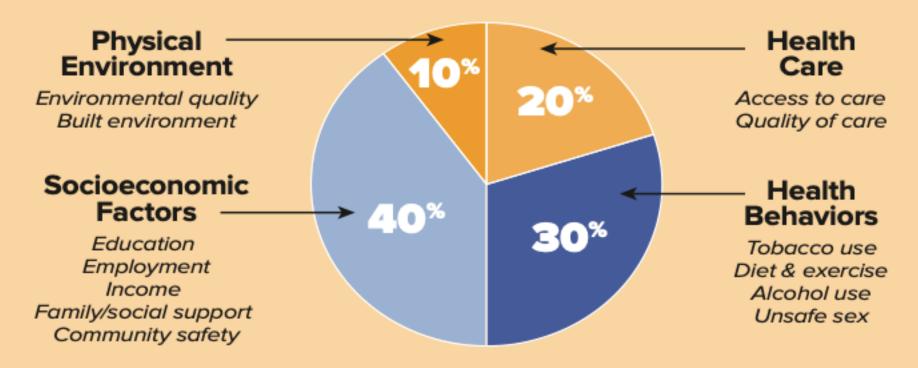COMMUNITY *of* HEALTH
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- 2002

- Approximately 95% of the trillion dollars we spend as a nation on health goes to direct medical care services, while just 5% is allocated to population-wide approaches to health improvement.

- It appears, in fact, that a much smaller proportion of preventable mortality in the United States, perhaps 10–15%, could be avoided by better availability or quality of medical care.
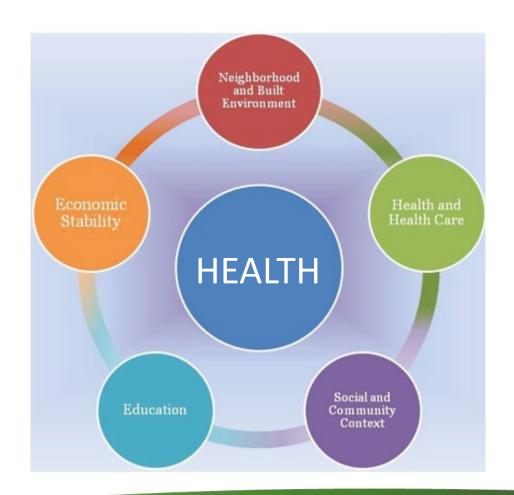
Population Health

Physical Environment
Environmental quality
Built environment

Health Care
Access to care
Quality of care

Socioeconomic Factors
Education
Employment
Income
Family/social support
Community safety

Health Behaviors
Tobacco use
Diet & exercise
Alcohol use
Unsafe sex

10%
20%
40%
30%

Source: Analysis and adaptation from the University of Wisconsin Population Health Institute's *County Health Rankings* model ©2010, http://www.countyhealthrankings.org/about-project/background

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Different ways of categorizing

Healthy People 2020

HEALTH

Neighborhood and Built Environment

Economic Stability

Health and Health Care

Education

Social and Community Context

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The determinants of health

Economic Stability	Education	Social & Community Context	Neighborhood & Built Environment	Health and Healthcare
Employment	Early childhood education & development	Civic participation	Violence & safety	Access & coverage to health care
Income		Discrimination	Housing quality	
Debt	Education level	Incarceration	Transportation	Quality of care
Food security	High school graduation	Social cohesion	Walkability & Parks	Provider cultural competency
Housing		Support systems	Environmental pollutants	
	Language & literacy	Stress		Health literacy
			Air & water quality	
	Vocational training			
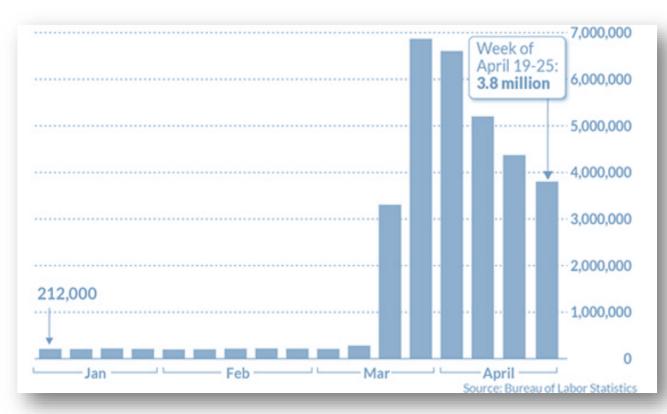
Terminology

- **The Determinants of Health**: The conditions in which we are born, grow, work, live, and age (social, political, economic)

- **Social Risk Factors**: Adverse social conditions that create risk to health, such as poor housing or unstable social relationships

- **Social Needs**: The social risk factors individuals prioritize for intervention based on their wants and needs

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COVID-19 is Amplifying Economic Instability

Increased demand on food bank distribution

Week of April 19-25: **3.8 million**

7,000,000
6,000,000
5,000,000
4,000,000
3,000,000
2,000,000
1,000,000
0

212,000

Jan   Feb   Mar   April

Source: Bureau of Labor Statistics

Record layoffs

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Needs exacerbated in Olympic Region

"Families that were struggling with having financial means to meet needs will see that challenge increase and become a more significant obstacle."

"As unemployment rates increase, financial strain and stressors of families adapting to being in the home more often will result in the need for more support and services."

"The needs of the community are even more dire. People that were already on the brink now have become unemployed."

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The Rise of Mutual Aid

'The way we get through this is together': the rise of mutual aid under coronavirus

Amid this unfolding disaster, we have seen countless acts of kindness and solidarity. It's this spirit of generosity that will help guide us out of this crisis and into a better future. By Rebecca Solnit

Main image: Photograph: Chris Clarke/Guardian Design; mask by May Cottage

Thu 14 May 2020 06.00 BST
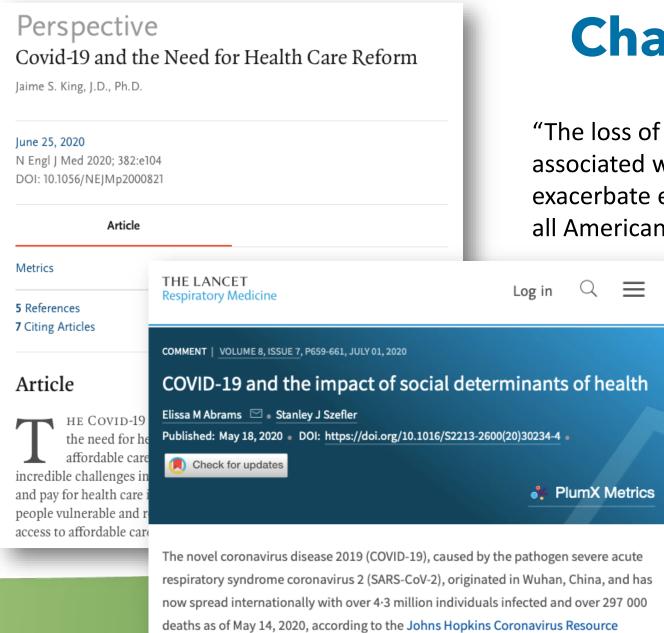
People behaving badly is a staple of the news, and the pandemic has given us plenty of lurid snapshots. In the US alone, we have seen protesters with guns in Michigan's capital demanding an end to lockdown, anti-vaxxer women in a frenzy at California's capitol, opportunists stockpiling hand sanitiser to resell for profit.

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Change is Overdue

Perspective
Covid-19 and the Need for Health Care Reform

Jaime S. King, J.D., Ph.D.

June 25, 2020
N Engl J Med 2020; 382:e104
DOI: 10.1056/NEJMp2000821

Article

Metrics

5 References
7 Citing Articles

Article

THE COVID-19 ...
the need for he...
affordable care...
incredible challenges in...
and pay for health care i...
people vulnerable and r...
access to affordable care...

THE LANCET
Respiratory Medicine

Log in

COMMENT | VOLUME 8, ISSUE 7, P659-661, JULY 01, 2020

COVID-19 and the impact of social determinants of health

Elissa M Abrams ✉ • Stanley J Szefler

Published: May 18, 2020 • DOI: https://doi.org/10.1016/S2213-2600(20)30234-4 •

Check for updates

⬝ PlumX Metrics

The novel coronavirus disease 2019 (COVID-19), caused by the pathogen severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), originated in Wuhan, China, and has now spread internationally with over 4·3 million individuals infected and over 297 000 deaths as of May 14, 2020, according to the Johns Hopkins Coronavirus Resource Center. While COVID-19 has been termed a great equaliser, necessitating physical

"The loss of jobs, income, and health insurance associated with the pandemic will greatly exacerbate existing health care cost challenges for all Americans."

"Mitigating social determinants—such as improved housing, reduced overcrowding, and improved nutrition—reduces the effect of infectious diseases"

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Your Daily Work

- Think of someone with social needs
  - Try to think of who they are, not just the person's 'needs'

- Ask yourself what has driven those needs
  - Identify the adverse social conditions that have created the risks to health
  - There is likely to be more than one

- Ask yourself what underlies those drivers
  - Again, each driver can have more than one underlying issue

- Where might you act to reduce risk?
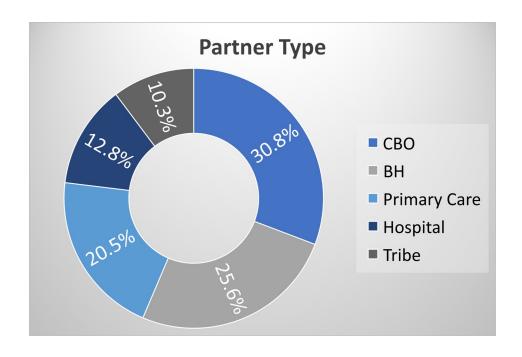 - Try to focus on the drivers or the things that underlie them

The Olympic Region
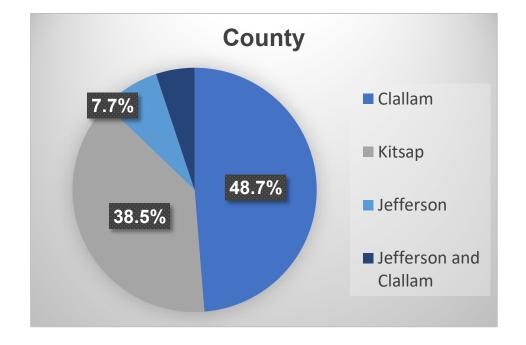
Survey of partners:
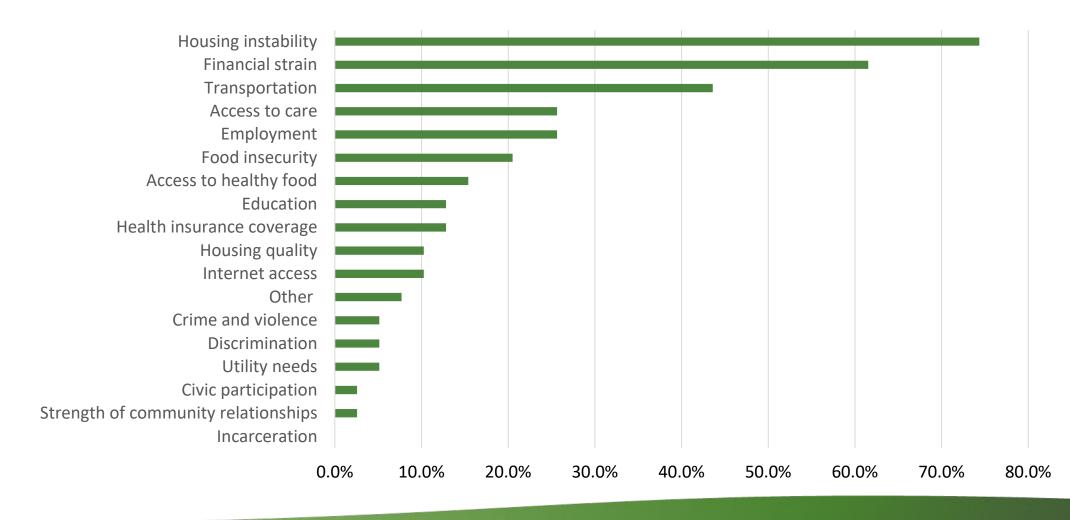
- Perceptions of dominant social needs

- Current activity focused on addressing adverse social conditions

- Priorities for intervention and collaboration

Partners that participated

Partner Type

- CBO — 30.8%
- BH — 25.6%
- Primary Care — 20.5%
- Hospital — 12.8%
- Tribe — 10.3%

County

- Clallam — 48.7%
- Kitsap — 38.5%
- Jefferson — 7.7%
- Jefferson and Clallam

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What we learned about social needs

Category	Percentage
Housing instability	~75%
Financial strain	~62%
Transportation	~44%
Access to care	~26%
Employment	~26%
Food insecurity	~21%
Access to healthy food	~16%
Education	~13%
Health insurance coverage	~13%
Housing quality	~10%
Internet access	~10%
Other	~8%
Crime and violence	~5%
Discrimination	~5%
Utility needs	~5%
Civic participation	~2%
Strength of community relationships	~2%
Incarceration	0%

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Root cause social conditions

	Data Year	Clallam	Kitsap	Jefferson	WA State	US
Population size	2019	77,331	271,473	31,729	7.6 mil	328.2 mil
Economic Factors						
Median household income	2017	$49,100	$72,800	$53,400	$70,900	$59,039
Unemployment rate	2017	6.80%	4.90%	6.10%	4.80%	4.40%
% of Households receiving public assistance income	2012-16	7.0%	3.3%	5.0%	3.7%	2.7%
Housing Factors						
Households spending over 30% of income on housing	2012-16	32.7%	33.9%	32.7%	33.9%	33.1%
Work hours needed to pay for affordable housing earning avg. hourly wage	2017	53.8	51.8	59.6	42.5	40.9
Affordable housing shortfall	2012-16	-65.8	-69.2	-62.9	-70.9	-71.8
Vacant houses	2018	1.4%	1.7%	0.0%	1.6%	2.5%

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You want to do more to address social needs in your tribe or organization

Pie chart:
- There is the right amount of focus: 59%
- There is not enough focus: 36%
- I don't know: 3%
- There is no focus: 3%
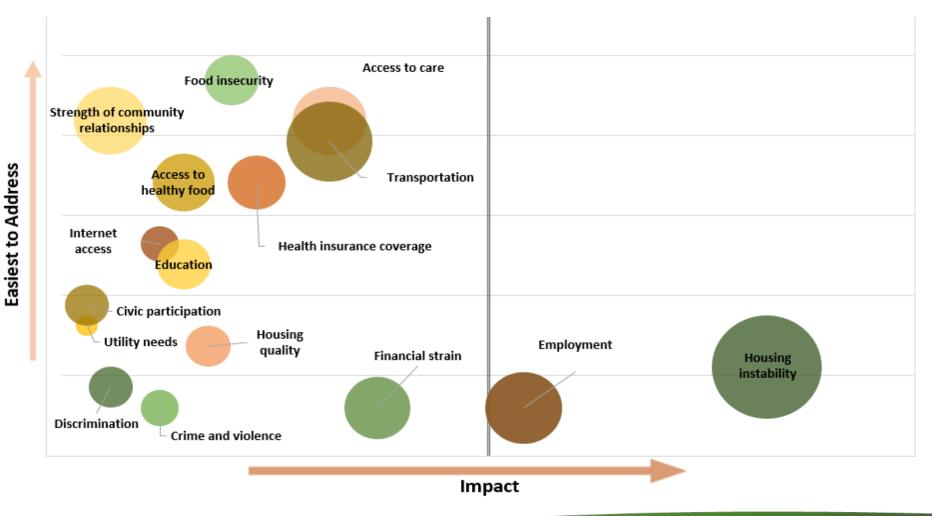
Existing programs focus on:

- Care coordination
- Care management
- Screening and referral to social services
- Increasing access to care
- Early childhood development
- Food security
- Housing instability
- Health behaviors

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Priorities for action

Expand collaborations to simultaneously:

Enhance existing activity to address immediate social needs

&

Implement strategies to improve social conditions

"Partnerships are often the only effective way to tackle complex social problems"

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Your recommendations
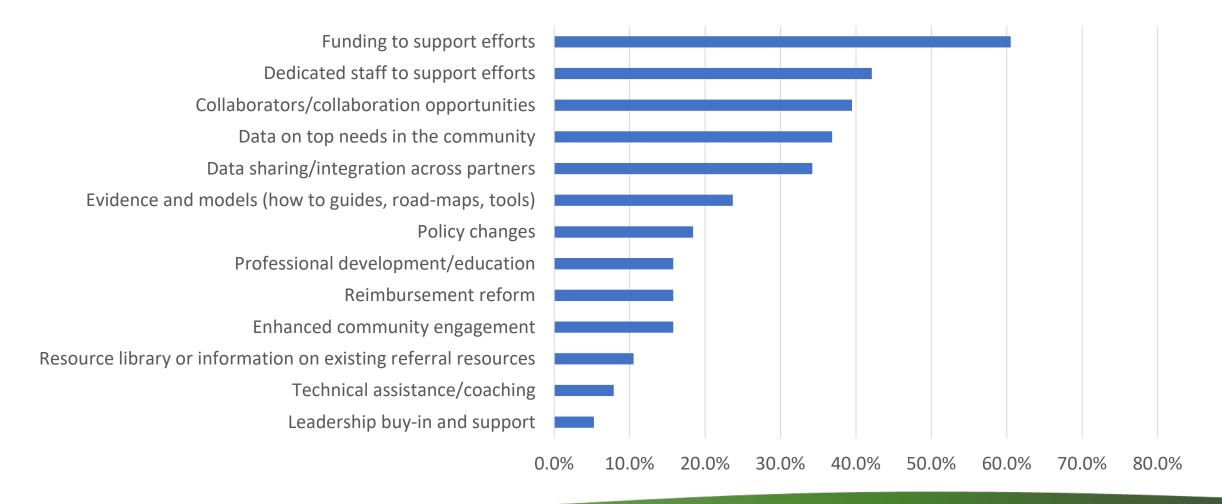
Build on existing activity

- Expand eligibility and increase funding

- Enhance referral systems and processes

- Increase data sharing and communication

- Increase mental health and substance use disorder services

Root cause social conditions

- Increase employment opportunities

- Establish employment programs

- Increase access to affordable housing

- Increase availability of affordable housing

- Support community driven efforts

- Support building of local capacity and self-sufficiency

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Small group dialogue

1 Which of the identified needs resonated and why?

2 What needs surprised you and why?

3 Where do you see gaps in activity for addressing social needs?

4 Where do you see duplication in activity?

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Coordinated Cross-Partner Regional Action

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One form of originality is creation. Another form is synthesis.

People often focus so much on creating new ideas that they **overlook the value of synthesizing ideas from different sources.**

Innovation can be connecting previously unconnected concepts.

Author Unknown

Organizing models emerged

Programmatic Partnerships

Anchor Institutes

Community Connectors

Community-Wide Initiatives

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Multiple levels of intervention

Individual	Awareness	Ask people about their transportation needs in the clinical setting
	Adjustment	Reduce the need for in-person care appointments by using other options such as telehealth appointments
	Assistance	Provide transportation vouchers so patients can travel to and from appointments
	Alignment	Invest in community ride-sharing programs
Community	Advocacy	Work to promote policies that fundamentally change the transportation infrastructure within the community

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Common elements of promising initiatives

- Mobilize a broad range of partners

- Coordinate funding from multiple sources

- Utilize an integrator organization

- Design and partner with the community

- Invest in data sharing

- Take a long-term view

Survival of the fittest is out.
Survival of the connected is in.

SSIR | Advancing the Art of Collaboration Series

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Example: The Evolution of the Camden Coalition of Healthcare Providers

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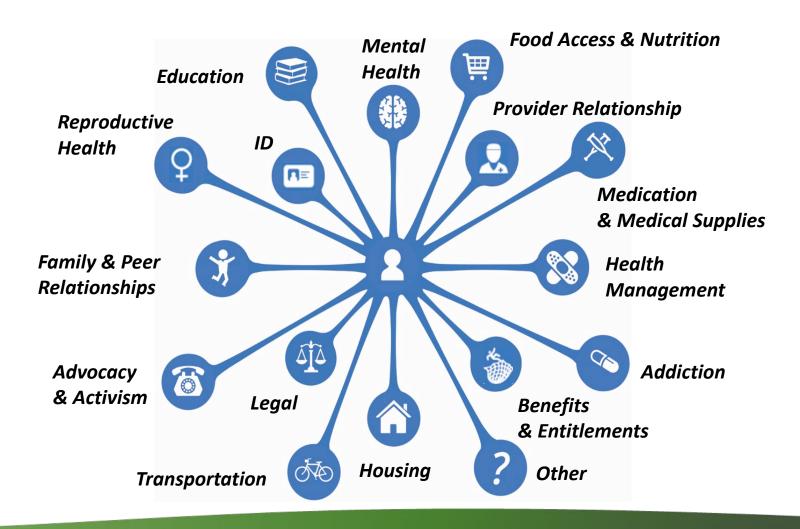
Camden Core Model

Early work of coalition-building and data analysis evolved into a pilot care intervention, now called the Camden Core Model.
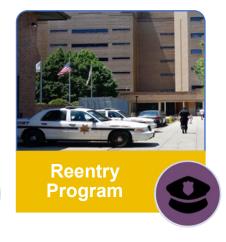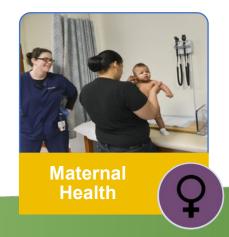

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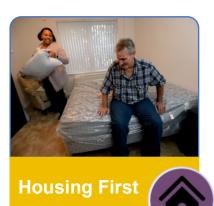
From single intervention to multi-level approach and statewide advocacy

Camden Core Model

Connection to Primary Care

Housing First

Reentry Program

Maternal Health

Addiction Treatment

Medical-Legal Partnership

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Group dialogue

1 How can we work together to improve what is currently being done to better address social needs?

2 How can we collectively address root cause adverse social conditions in the region?

3 What additional partners need to be included?

"I do think there has to be a collective approach within the community. Coming together and working on the same goals. We need consensus on priorities."

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> "Hope that client's families can access services much earlier in their process."

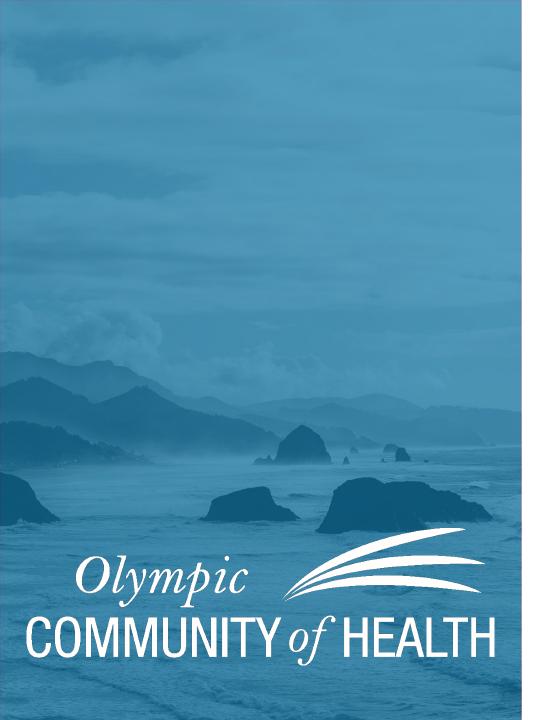> "Ideally creating that platform that allows for smooth transitions and coordination of services."

> "Employment opportunities that pay living-wages would allow people to better provide for their families and address a number of problems in our region."

What action would you like to collectively take

- In the next 3 months
- In the next 6 months

What would you like to see happen

- In the next year
- In the next 5 years

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