Strategies to Achieve Alignment, Collaboration, and Synergy across Delivery and Financing Systems

Testing a Shared Decision-Making Model for Health and Social Service Delivery in East Harlem

Research In Progress Webinar
Wednesday, April 25, 2018
12:00-1:00 pm ET/ 9:00 am-10:00 am PT

Funded by the Robert Wood Johnson Foundation
Agenda

Moderator: CB Mamaril, PhD
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Presenters: Carl Letamendi, PhD, MBA, GStat
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Commentary Speaker: Padmore John, MS
Manager
East and Central Harlem Neighborhood Health Action Centers

Q & A: Moderated by Dr. CB Mamaril
Presenter

Carl Letamendi, PhD, MBA, GStat
Director of Evaluation & Divisional Support
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PEACH: Purpose and Goal

**Purpose:**
The primary aim of this mixed-methods study is to provide new evidence on how aligning a city health department with cross-sector community stakeholders under a place-based model can improve health and reduce inequities across neighborhoods. The PEACH study focuses primarily on the East Harlem Neighborhood Health Action Center.

**Goal:**
We expect to critically evaluate the impact of the system on the neighborhood, and detail how this alignment may be scaled up in New York City (NYC) and replicated in other U.S. cities.
Building a Culture of Health in East Harlem

Action Area 2: Fostering cross-sector collaboration to improve well-being
PEACH Research Team

Carl Letamendi, PhD, MBA, GStat
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Jennifer Pierre, DrPH, MPH
Director of Qualitative Research Center for Health Equity

Rachel Dannefer, MPH, MIA
Director of Research and Evaluation Harlem Neighborhood Health Action Center

Luke Sleiter, MPH
Assistant Project Director, PEACH Center for Health Equity

Presenter
Neighborhood Snapshot: East Harlem

EAST HARLEM TOTAL POPULATION
123,579

POPULATION BY RACE AND ETHNICITY
50% Hispanic
31% Black*
12% White*
6% Asian*
2% Other*

Life Expectancy by Community District

East Harlem: 76.0
Neighborhood Health: East Harlem

Self-reported health
People are good at rating their own health. When asked to rate their overall health on a scale of one to five (excellent, very good, good, fair or poor), 70% of East Harlem residents rate their health as “excellent,” “very good” or “good.”

Infant mortality and premature death
Despite a decrease in infant mortality across the city, the rate in East Harlem is still six times higher than the rate in the Upper East Side.
Disparities in premature death (death before the age of 65) also persist among neighborhoods. The rate of premature death in East Harlem is higher than the Manhattan and citywide rates and four times higher than in the Financial District.

Infant mortality rate (per 1,000 live births)

<table>
<thead>
<tr>
<th>Location</th>
<th>Rate (per 1,000 live births)</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Harlem</td>
<td>6.0</td>
<td>15th</td>
</tr>
<tr>
<td>Upper East Side</td>
<td>1.0*</td>
<td>59th</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Premature mortality rate (per 100,000 population)</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Harlem</td>
<td>301.0</td>
<td>5th</td>
</tr>
<tr>
<td>Financial District</td>
<td>75.6</td>
<td>59th</td>
</tr>
</tbody>
</table>

Manhattan       | 152.7                                             |        |
NYC             | 198.4                                             |        |

*Interpret estimate with caution due to small number of events
Neighborhood Health: East Harlem

Adult hospitalizations for asthma
East Harlem adults have the fifth-highest rate of avoidable adult asthma hospitalizations.

Avoidable asthma hospitalizations (per 100,000 adults)

<table>
<thead>
<tr>
<th>Location</th>
<th>Avoidable Hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAST HARLEM</td>
<td>648</td>
</tr>
<tr>
<td>GREENWICH VILLAGE</td>
<td>46</td>
</tr>
<tr>
<td>(RANKS 5th)</td>
<td></td>
</tr>
<tr>
<td>MANHATTAN</td>
<td>196</td>
</tr>
<tr>
<td>NYC</td>
<td>249</td>
</tr>
</tbody>
</table>

Adult hospitalizations for diabetes
Among all NYC neighborhoods, East Harlem ranks fifth in avoidable adult diabetes hospitalizations, more than twice the Manhattan and citywide rates.

Avoidable diabetes hospitalizations (per 100,000 adults)

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<thead>
<tr>
<th>Location</th>
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<td>54</td>
</tr>
<tr>
<td>(RANKS 5th)</td>
<td></td>
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<tr>
<td>SOHO</td>
<td></td>
</tr>
<tr>
<td>MANHATTAN</td>
<td>233</td>
</tr>
<tr>
<td>NYC</td>
<td>312</td>
</tr>
</tbody>
</table>
Neighborhood Health: East Harlem

Mental health
Variations in hospitalization rates may reflect differences in rates of illness, access to health care and other social and cultural factors. The rate of psychiatric hospitalizations among adults in East Harlem is the highest in the city.

Psychiatric hospitalizations (per 100,000 adults)

- East Harlem (RANKS 1st)
- Financial District (RANKS 59th)
- Manhattan
- NYC

- 2,016
- 259
- 755
- 684

Violence
The injury assault rate in East Harlem is more than twice the citywide rate.

Non-fatal assault hospitalizations (per 100,000 population)

- East Harlem (RANKS 4th)
- Rego Park and Forest Hills (RANKS 50th)
- Manhattan
- NYC

- 143
- 11
- 51
- 64
Causes of Inequities

Root causes of inequities

- Policies that created all types of systems of **unbalanced power and privilege**
- Caused by historical practice of **exclusion and discrimination** across the life course
- Led to geographic **concentration of poverty** and hyper-segregation
Responding to Inequities

We invest in key neighborhoods (place-based).

A neighborhood’s health results from the historical, political, social and physical forces that affect it. Certain NYC Neighborhoods have been deprived of sufficient resources and attention. In order to “right” this injustice, we have neighborhood offices in areas that bear the highest disease burden.
NYC DOHMH Center for Health Equity

**Our Vision**
Across our city, every New Yorker lives in a thriving neighborhood, where resources work well and systems are equitable in order to nurture and sustain healthy individuals and communities.

**Our Mission**
To strengthen and amplify the Health Department's work to eliminate health inequities, which are rooted in historical and contemporary injustices and discrimination, including racism.
Neighborhood Health Action Centers
Action Centers: Brief History and Overview

1920s District Health Centers

2003 District Public Health Offices (DPHOs)

2017 Neighborhood Health Action Centers
Action Center Locations

New York State

New York City

Legend
- Neighborhood Health Action Center
- Action Center Neighborhood
- Bronx Catchment Area
- Harlem Catchment Area
- Brooklyn Catchment Area
Action Center Strategies

Co-location and Referrals

Innovation in Programs & Policy

Collective Action and Impact
Action Centers: What We Offer

**Clinical and programmatic providers**
Co-located services provide direct clinical and social services, while allowing for place-based planning and coordination.

**Navigators and referral specialists**
Through referral systems, residents are supported in getting the services they need.

**The Family Wellness Suite**
The Family Wellness Suite provides a lactation lounge, children’s nook and targeted programming.

**Neighborhood convening space**
A multipurpose room provides a space for neighborhood partners and residents, and space for physical activity and events.

**Kitchens and gardens**
Some will feature a teaching kitchen as well as a garden for growing fruits and vegetables.
Action Center Co-Located Partners in East Harlem

- Harlem Health Advocacy Partners
- East Harlem Asthma Center of Excellence
- Newborn Home Visiting
- EHACE Chefs
- Fresh Food Box
- Shape Up
- East Harlem Community Walking Trail
- Family Wellness Suite
PEACH Objectives

The objectives guiding the study seek to:

Determine how aligning the city health department, clinical and nonclinical partners, internal and external frontline staff in a collective governance structure within the East Harlem Action Center builds a culture of health.

Determine whether the use of NowPow by Action Center stakeholders fosters a cross-sector collaboration to improve health & well-being in the neighborhood.

Evaluate the impact that the Action Center has on the health of the East Harlem community.

To develop a final report which details how this alignment may be scaled up in New York City and replicated in other U.S. cities.
PEACH Data Sources

• Governance Council Interviews

• East Harlem Action Center Staff Interviews

• NowPow referral and tracking system

• Visitor Satisfaction Surveys

• Action Center Monitoring & Tracking Data
Governance Council Interviews

Monthly Governance Council Meeting
- Includes representatives from each co-located partner
- Supports coordination of services and planning at the building level

Governance Council Purpose
- Promote transparency
- Support cohesion and collaboration
- Address building management issues
- Ensure customer relations are of the highest possible standards and respond to community needs
- Strategic planning
Governance Council Baseline Interviews

Anticipated benefits to organizations for being part of the Action Center

Members described expectations and outlined goals for the council itself, for their organizations, and for the Action Center.

Collaboration and Reach
- Collaboration with Action Center staff and partners
- Connect programs for collaborative initiatives
- Accept referrals and warm handoffs from partners
- Share staff and resources
- Increased capacity and ability to offer new services
- Expanded program reach

Building
- Good location
- More space
- Attractive space with art displays in building

Community
- Fill service gaps
- Raise awareness of health issues in the community
- Promote awareness of programs
- Improve health outcomes in the neighborhood
Action Center Key Player Interviews

**Navigator**
Welcomes neighborhood residents, orients visitors to the Action Center services, and facilitates coordination of service delivery.

**Referral Specialist**
Connects neighborhood residents with service providers inside and outside the building to prevent gaps in access to care.

**Health Promoter**
Identifies and develops relationships with neighborhood assets and facilitates health promotion activities.
NowPow is a resource directory and referral system that allows community members to find health care, social services, and public health programs, while connecting the provider network to facilitate referrals.

Core system functions include

- A comprehensive and regularly updated resource directory
- Social needs screening
- Bi-directional referral management
- A client-centered action plan with reminder tools
- Population management dashboards for each organization
NowPow Cont’d

Benefits & Opportunities
• Number of successful referrals
• Identification of service gaps
• Facilitates with needs analyses
• Helps identify social determinants
Visitor Satisfaction Surveys

• Visitors will be surveyed to assess perceptions and experiences around:
  • Physical space
  • Customer service and overall experience
  • Quality of care
  • Ability of Action Center to meet needs
  • Social cohesion
East Harlem Action Center Visitors

Total Number of Visitors Entering East Harlem Action Center by Month

- January: 1065
- February: 1301
- March: 1537
- April: 1397
- May: 1212
- June: 1239
- July: 1252
- August: 1514
- September: 1474
- October: 1673
- November: 1720
- December: 1178
- January (2018): 1336
- February (2018): 1101
East Harlem Action Center Referrals

Total Number of Referrals Made by Month

- January 2017: 43
- February 2017: 37
- March 2017: 49
- April 2017: 51
- May 2017: 31
- June 2017: 74
- July 2017: 53
- August 2017: 76
- September 2017: 51
- October 2017: 34
- November 2017: 34
- December 2017: 34
- January 2018: 15
- February 2018: 36
East Harlem Action Center Referrals, Cont’d

Types of Referrals
(January 2017 – February 2018)

Top Referral Categories
1. Sexual health services
2. ESL classes
3. Complete physical
## Next Steps

<table>
<thead>
<tr>
<th>Activity</th>
<th>Phase</th>
<th>Start Time</th>
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</thead>
<tbody>
<tr>
<td>Governance Council Member Interviews</td>
<td>Follow-Up</td>
<td>Spring 2018</td>
</tr>
<tr>
<td>Dôr Foot Traffic Counters</td>
<td>Implementation</td>
<td>Spring 2018</td>
</tr>
<tr>
<td>NowPow Utilization</td>
<td>Implementation</td>
<td>Spring 2018</td>
</tr>
<tr>
<td>East Harlem Key Player Interviews</td>
<td>Baseline</td>
<td>Summer 2018</td>
</tr>
<tr>
<td>East Harlem Visitor Satisfaction Surveys</td>
<td>Follow-Up/Round Two</td>
<td>Summer 2018</td>
</tr>
<tr>
<td>Evaluate Action Center Impact on East Harlem Community</td>
<td>Baseline</td>
<td>Fall 2018</td>
</tr>
</tbody>
</table>
Thank You!

Questions? Comments? Conversation?

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# Upcoming Webinars

## Archives

[http://systemsforaction.org/research-progress-webinars](http://systemsforaction.org/research-progress-webinars)

## Upcoming

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<th>Date</th>
<th>Time</th>
<th>Title</th>
<th>Organization</th>
<th>Principal Investigator(s)</th>
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<tbody>
<tr>
<td>Wednesday, May 9, 2018</td>
<td>12-1pm ET/ 9-10am PT</td>
<td><strong>Uncompensated Care Provision and the Implementation of Population Health Improvement Strategies</strong></td>
<td>Systems for Action National Program Office, University of Kentucky College of Public Health</td>
<td>CB Mamaril, PhD</td>
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<td>Wednesday, May 23, 2018</td>
<td>12-1pm ET/ 9-10am PT</td>
<td><strong>Integrating Cross-Sectoral Health and Social Services for the Homeless</strong></td>
<td>University of Utah and University of North Texas</td>
<td>Jesus Valero, PhD and Hee Soun Jang, PhD</td>
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<tr>
<td>Wednesday, June 6, 2018</td>
<td>12-1pm ET/ 9-10am PT</td>
<td><strong>Linking Education and Health Data to Improve Adolescent Health in Los Angeles</strong></td>
<td>University of California, Los Angeles</td>
<td>Sheryl Kataoka, MD, MS and Rebecca Dudovitz, MD, MS</td>
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</table>
Acknowledgements

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Questions?

www.systemsforaction.org