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Local Views on Health Disparities

February 27, 2017

Panelists

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Anne Farrell-Sheffer
YWCA Seattle King Snohomish

David Jefferson
Skagit County Public Health

George Kosovich
Verdant Health Commission

Opening Question

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After hearing Dr. Iton's keynote what health inequities do you think we have in our community?

YWCA IS ON A MISSION

ELIMINATE RACISM, EMPOWER WOMEN,
STAND UP FOR SOCIAL JUSTICE,
HELP FAMILIES AND STRENGTHEN COMMUNITIES

YWCA Health Access

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Addressing health disparities rooted in race, gender and income

Addressing Disparities

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- Access to care, system navigation and addressing social determinants
- Need to integrate to address inequity
- Reduce multiple points of entry

Passage Point Health Coordination

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- Provides wrap around support services for people facing homelessness upon exiting the corrections system working to reunify with their children.
- Residents population age range of 20-46
- 63% percent identifying as people of color
- 25% have experienced domestic violence and 20% have a disability

Passage Point Health Coordination

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Resident Survey Results:

- 79% were current smokers
- 61% have at least 1 chronic health condition
- 40% had not seen a primary care provider
- 70% had not seen a dentist
- 50% had used the Emergency Room for health services
- 79% requested support identifying stress reduction activities

Internal Integration Supports

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- Program Cabinet
- Shared goals
- Communication
- Trust
- Clear roles
- Accountability

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Changing the health paradigm in Skagit County

- The health we have is the best our system can produce. To improve, we must do something different!

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Meet the Population Health Trust Advisory Committee

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Who are we?

We're a *board* of community leaders with a shared commitment to improve the "quality of life" for everyone in Skagit County

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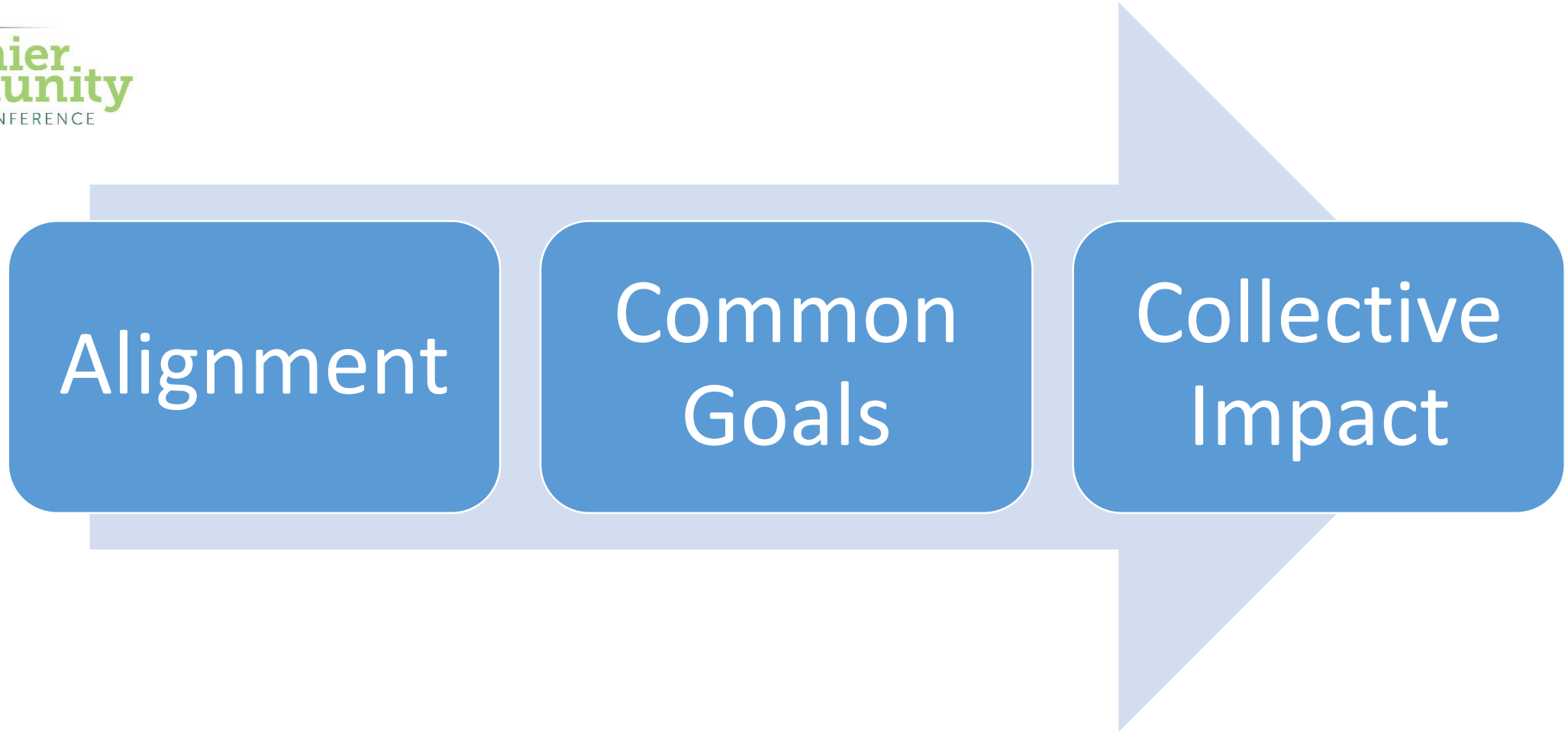

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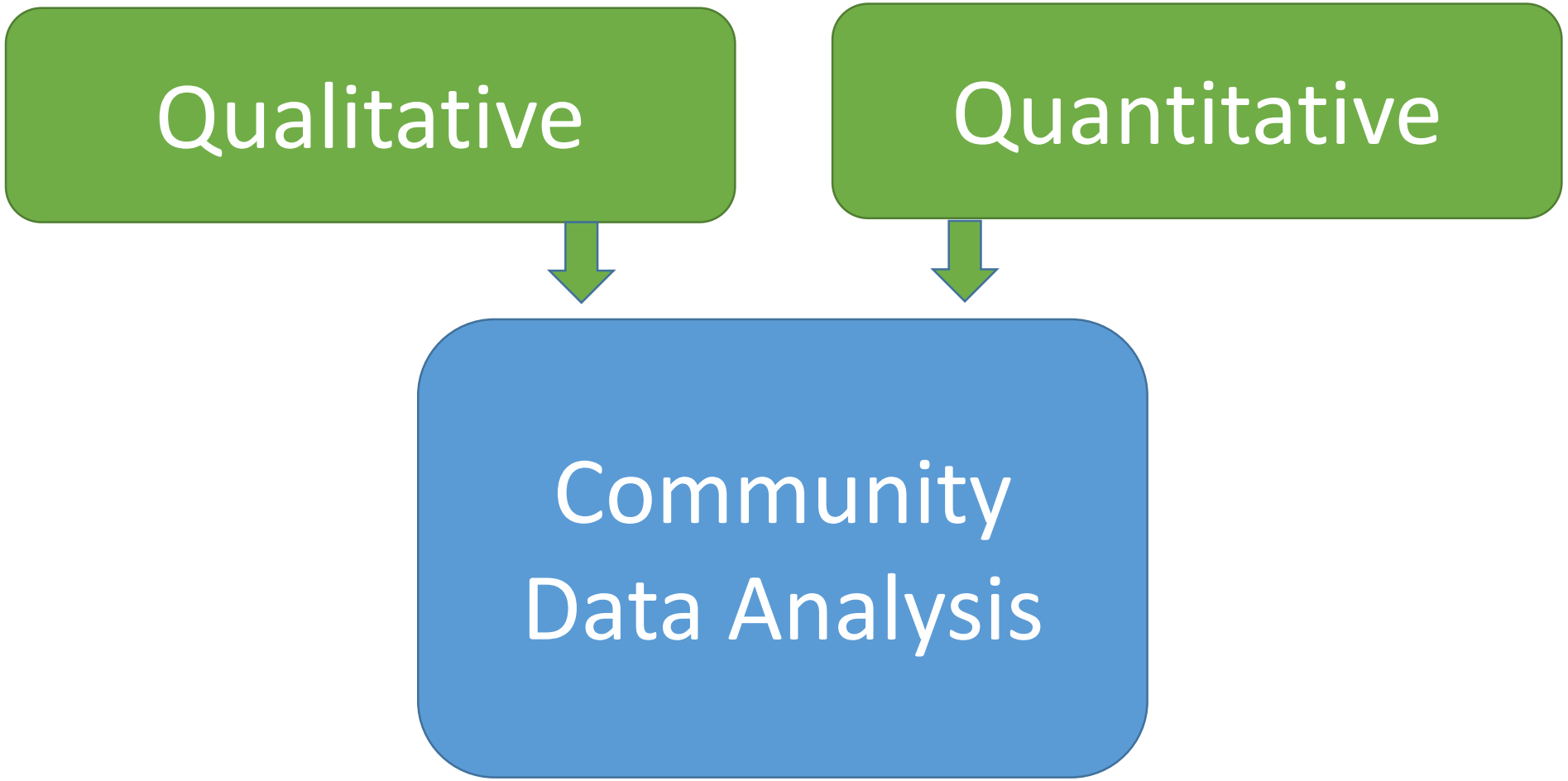
Community Assessment



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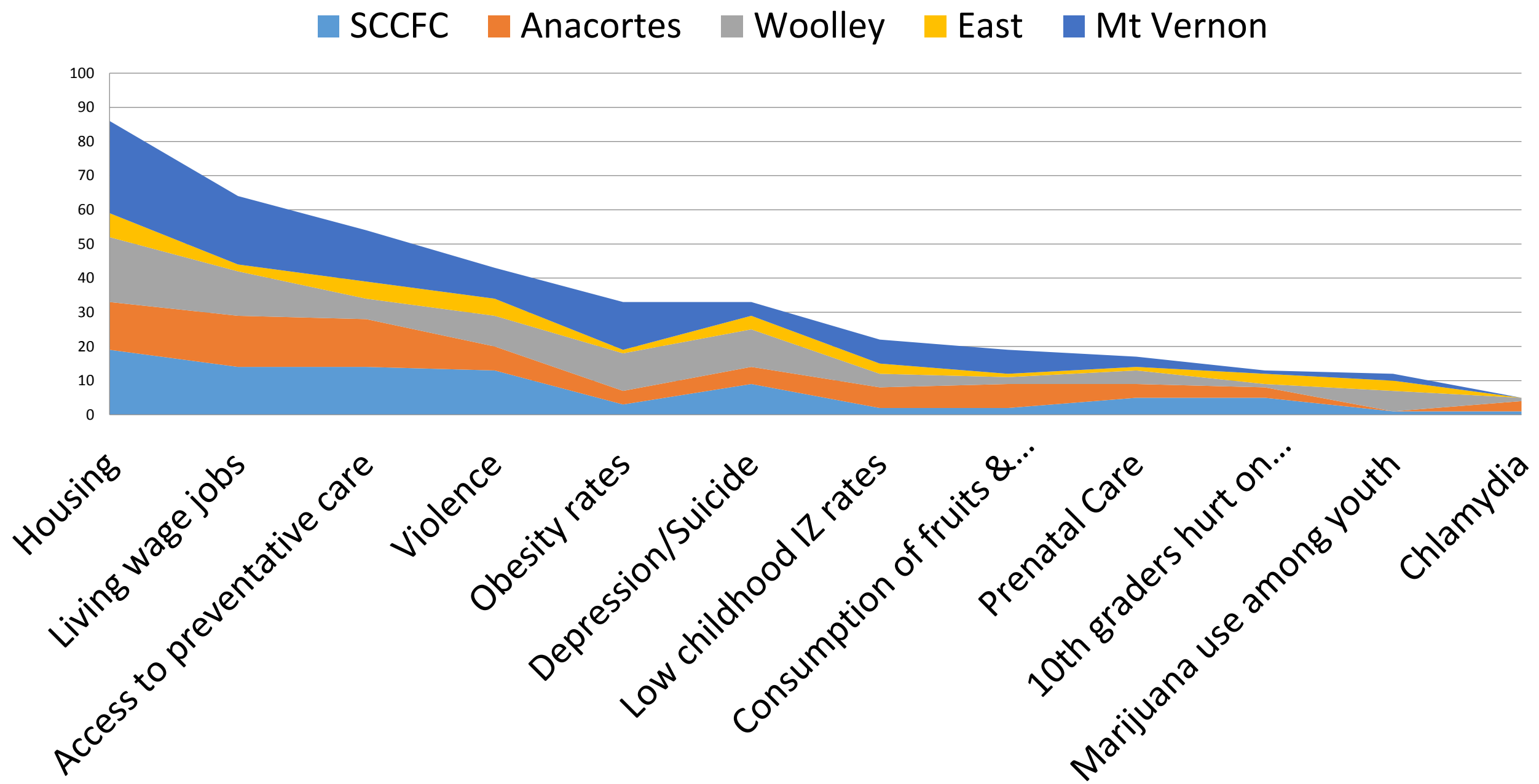
5 Community Forums

- Children and Family Consortium
- District 1-Anacortes
- District 2-Mount Vernon
- District 3-Sedro-Woolley Dec 9
- City of Concrete

Priorities Identified by Community Forums



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What about the Opioid Crisis?

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Assembled the Opioid Workgroup Leadership Team (OWLT)

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Prevent Opioid Misuse and Abuse	• **Home storage and Drug Take-Back Sites**
Treat Opioid Dependence	• **Screening Brief Intervention Referral Treatment (SBIRT) County-wide**
Increase Medication Assisted Treatment	• **Expand MAT in the Criminal Justice System**
Prevent Opioid Overdoses	• **Implement Evidenced-Based Prescribing Practices in Hospital**

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The Story

Opioid Workgroup Leadership Team

2016 Summary Report and Recommendations

POPULATION HEALTH TRUST
ADVISORY COMMITTEE

Call to Action

OPIOID WORKGROUP LEADERSHIP TEAM

This brief summary of the Opioid Action Plan presented to the Skagit County Board of Health on December 13, 2016 provides the basis for community partnership and collaboration around the opioid crisis that is gripping our nation and local community. Please join the fight to improve health and wellness of all our citizens.

Community-wide Action Plan and Call to Action

SKAGIT COUNTY WASHINGTON

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2020

INTEGRATION

Started a 2020 Integration Exploratory Work Group

- Started Oct 2016
- Skagit Regional Health
- Island Hospital
- Sea Mar Community Health Centers
- Planned Parenthood
- Skagit County
- Behavioral Health Organization

Exploring Integration Models

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- High Utilizer Programs
- Screening Brief Intervention and Referral to Treatment (SBIRT) Pathway Community HUB Model®
- Medically Assisted Treatment for Opioid Disorders –Patients in Primary Care Using
- Care Transition Intervention®
- Psychiatric Emergency Services

Why Collaborate?

- Make better use of limited resources
- Work on solutions, not argue about the problem
- Improve health for those who are affected by the *Social Determinants of Health and Inequity*

Thank You

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http://www.skagitcountytrends.ewu.edu/index.cfm

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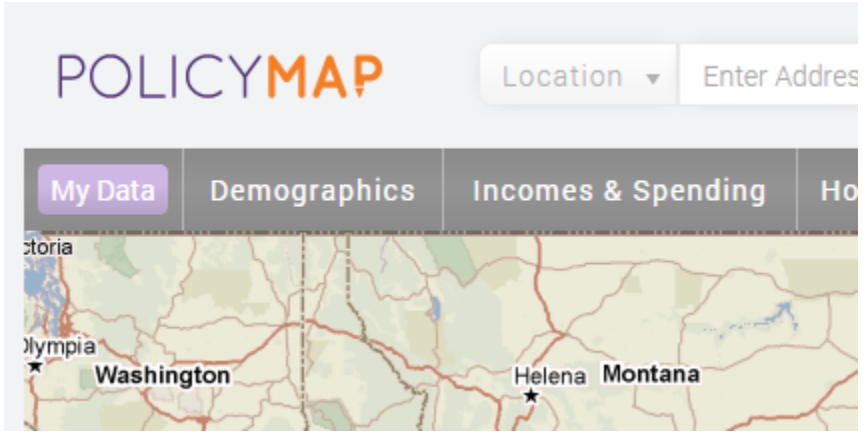
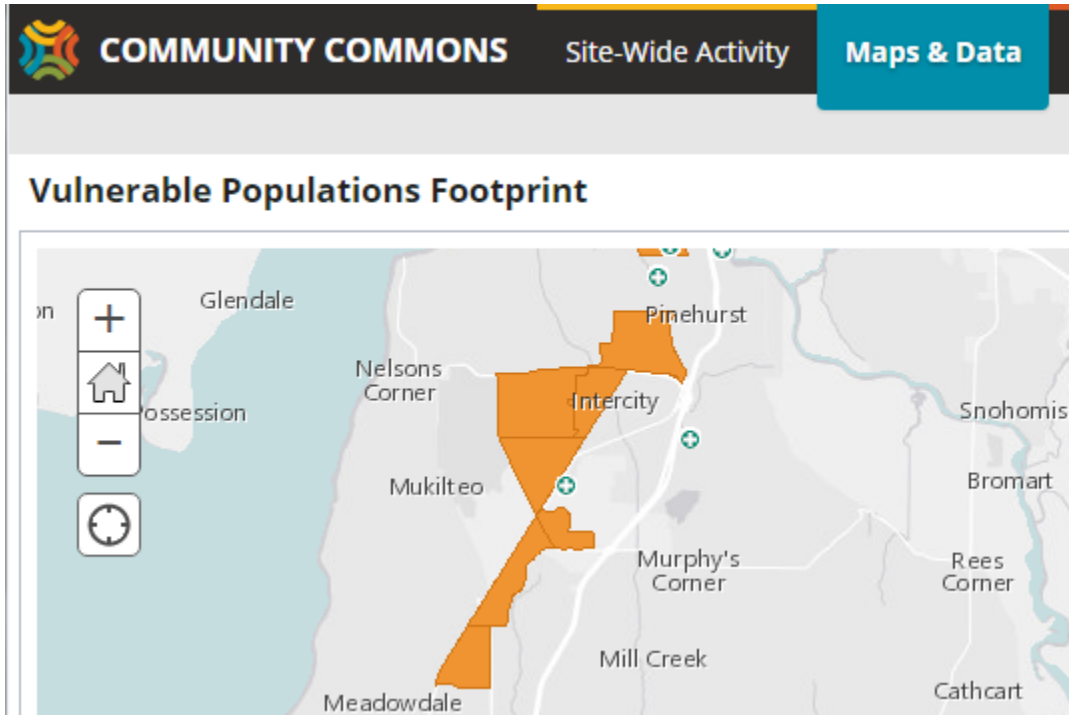
- Using Local Data
  - —Simple, Free Tools
  - —South Snohomish County Examples
  - —Getting Beyond “Average”
- Verdant Program Examples

Data Sources: Free & Web-based





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A few miles apart

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	Edmonds (tract 504.02)	Lynnwood (tract 514)
Residents living below poverty	5%	22%
Median Age - Years	48	36
Owner Occupied Homes	68%	34%
Pay 35% or more of income on housing	30%	62%
Speak English less than "very well"	5%	42%

Source: U.S. Census Bureau, 2015 American Community Survey 5-Year Estimates

"Inequities in health arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. …the conditions in which people live and die are, in turn, shaped by political, social, and economic forces."

Social Determinants of Health Initiative

Population Living Below Poverty Line

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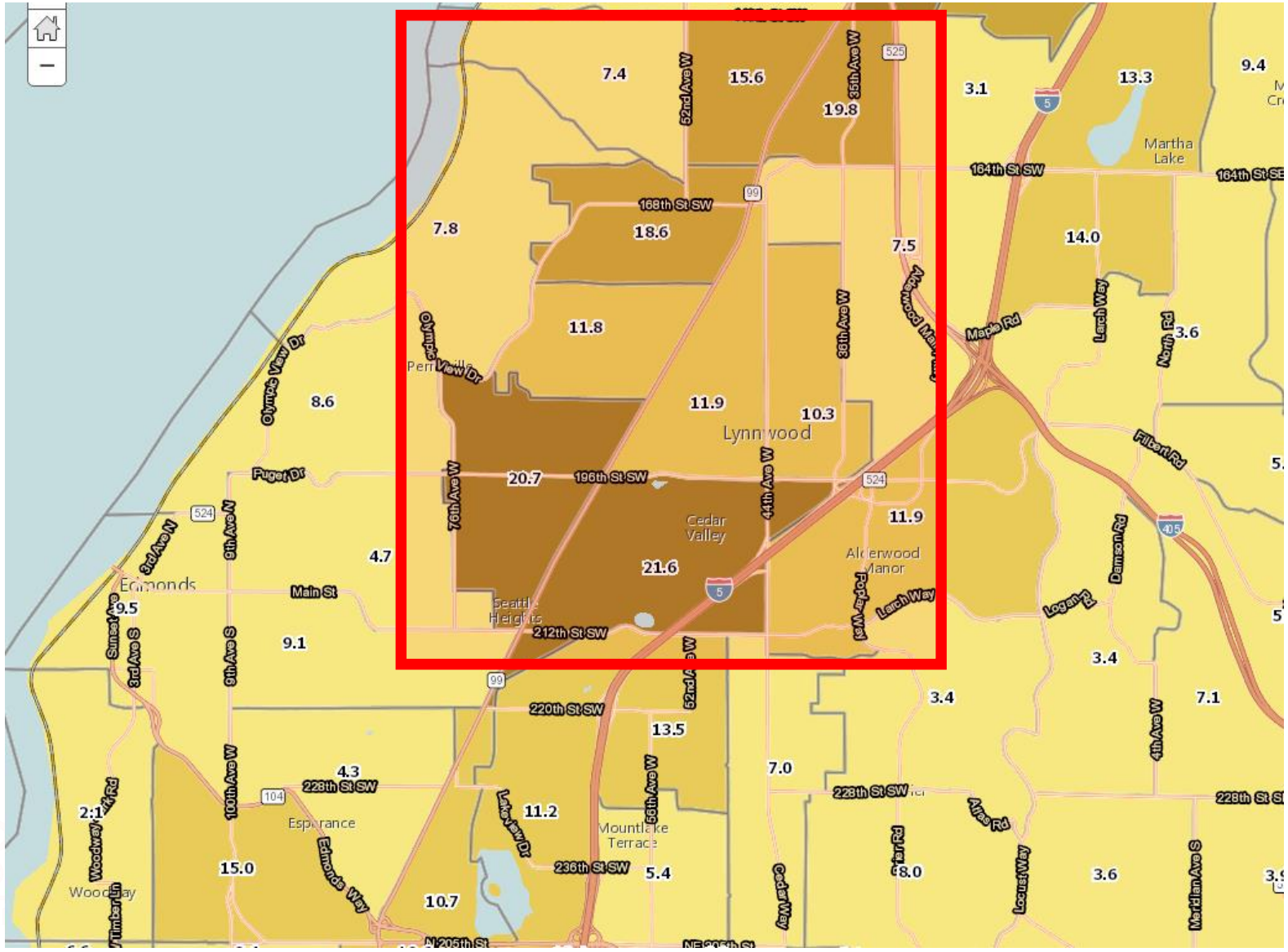
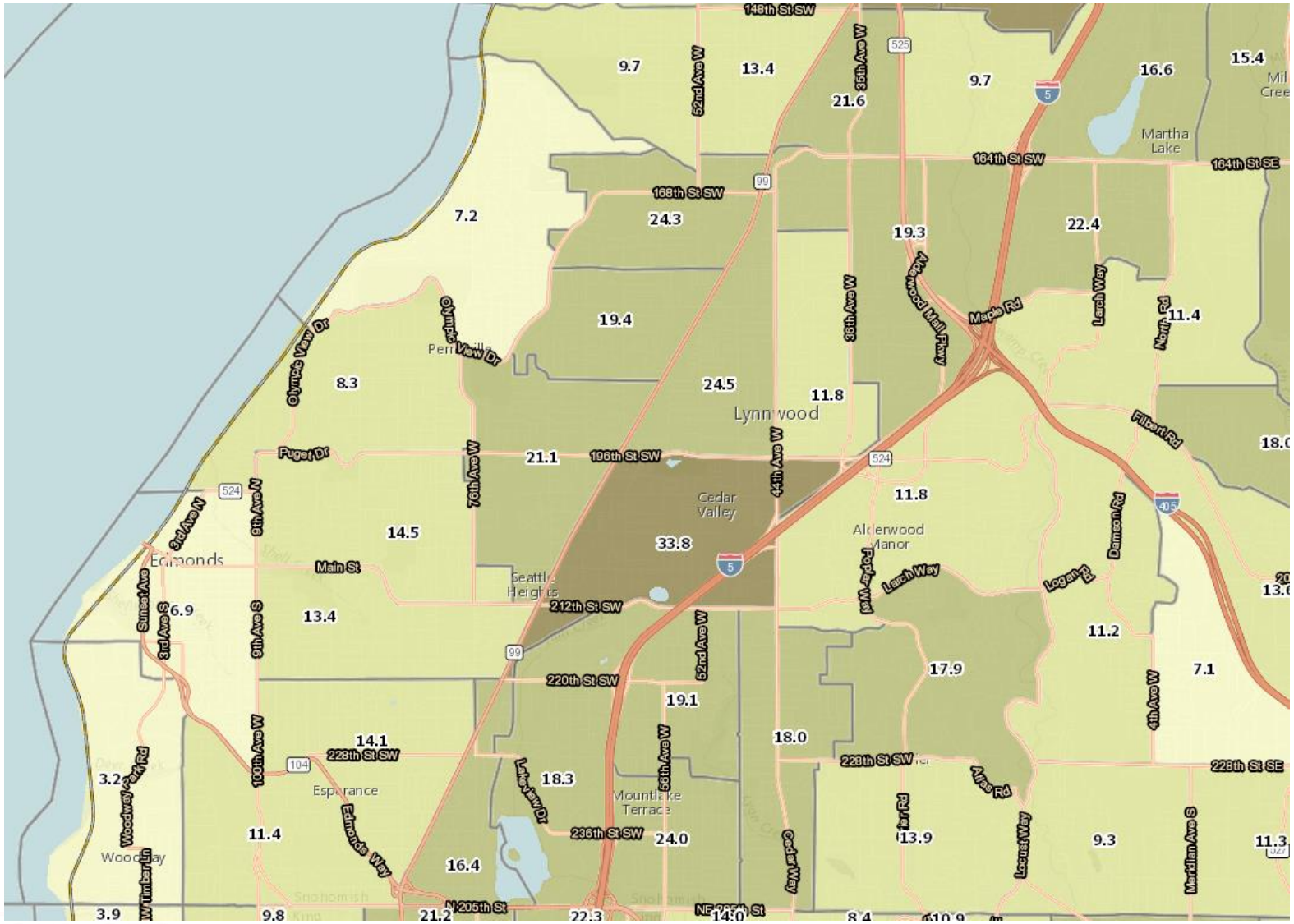


Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

% Uninsured Population (18-64)



Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

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- Social Determinants, So What?
  - Examples: Community Paramedic, VOAWW/NS 2-1-1, Partnerships across silos
  - Medicaid Transformation/1115 Waiver
- Health Equity
  - Community Health Workers/Promotoras
  - Culturally Appropriate Programs

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Questions?