

# NEW ENGLAND RURAL HEALTH ASSOCIATION



## Health Related Social Needs - Effective Strategies to Address Individual and Community Health

With Funding & Support from:

**MEHAF** MAINE HEALTH ACCESS FOUNDATION



# Mission

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To improve the health and wellbeing of communities throughout rural New England.

# About Us

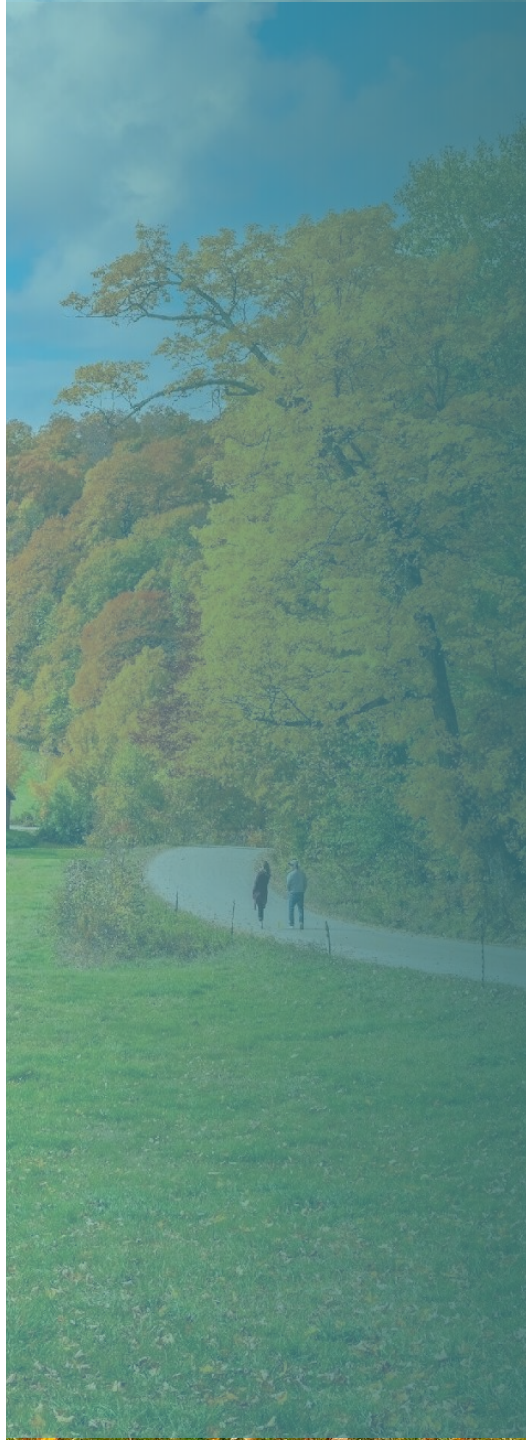
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The New England Rural Health Association was established in 1997, serves as the rural health association for the six New England states. We are a non-profit, membership-driven organization headquartered in Vermont,

Our organization includes hundreds of members from across the region who are also committed to improving the health and well-being of our rural communities.

In support of rural health across New England we provide:

- Training
- Technical Assistance
- Education
- Advocacy
- Consulting Services
- Contractual Expertise in Rural Health
- Project/Program Management
- Community Engagement
- Strategic Planning
- Analysis
- Research
- Evaluation







# Welcome

- Please post your questions in the chat!
- A recording of this webinar and the slides will be emailed to you along with the evaluation
- Webinar #2 on HRSN Financing Strategies on June 29<sup>th</sup>, 12 noon- 1 ET

# Presenters:

**Barbara Masters**, MA, Director, California Accountable Communities for Health Initiative

**Shawn P. Tester**, MSOL, CEO, Northeastern Vermont Regional Hospital

**Charley Martin-Berry**, Executive Director, Community Caring Collaborative

**Moderator: Deborah Deatruck**, MPH, Consultant

# Before we get started

**Social determinants of health** = conditions in environments where people are born, live, learn, work, play, and age that affect health functions, risks, and quality of life outcomes

**Whole person care** = person-centered coordination of health, behavioral health, and social services to improve health outcomes and make better use of resources

**Health-related social needs** = health harming conditions to individuals such as food insecurity and unsafe housing

**How are innovative state, regional and community partnerships working to meet HRSNs?**





# Barbara Masters

MA, Director, California Accountable Communities for Health Initiative

CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE



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...The Next Generation of Health System Transformation

**Barbara Masters**  
**Director, CACHI**

**June, 2023**



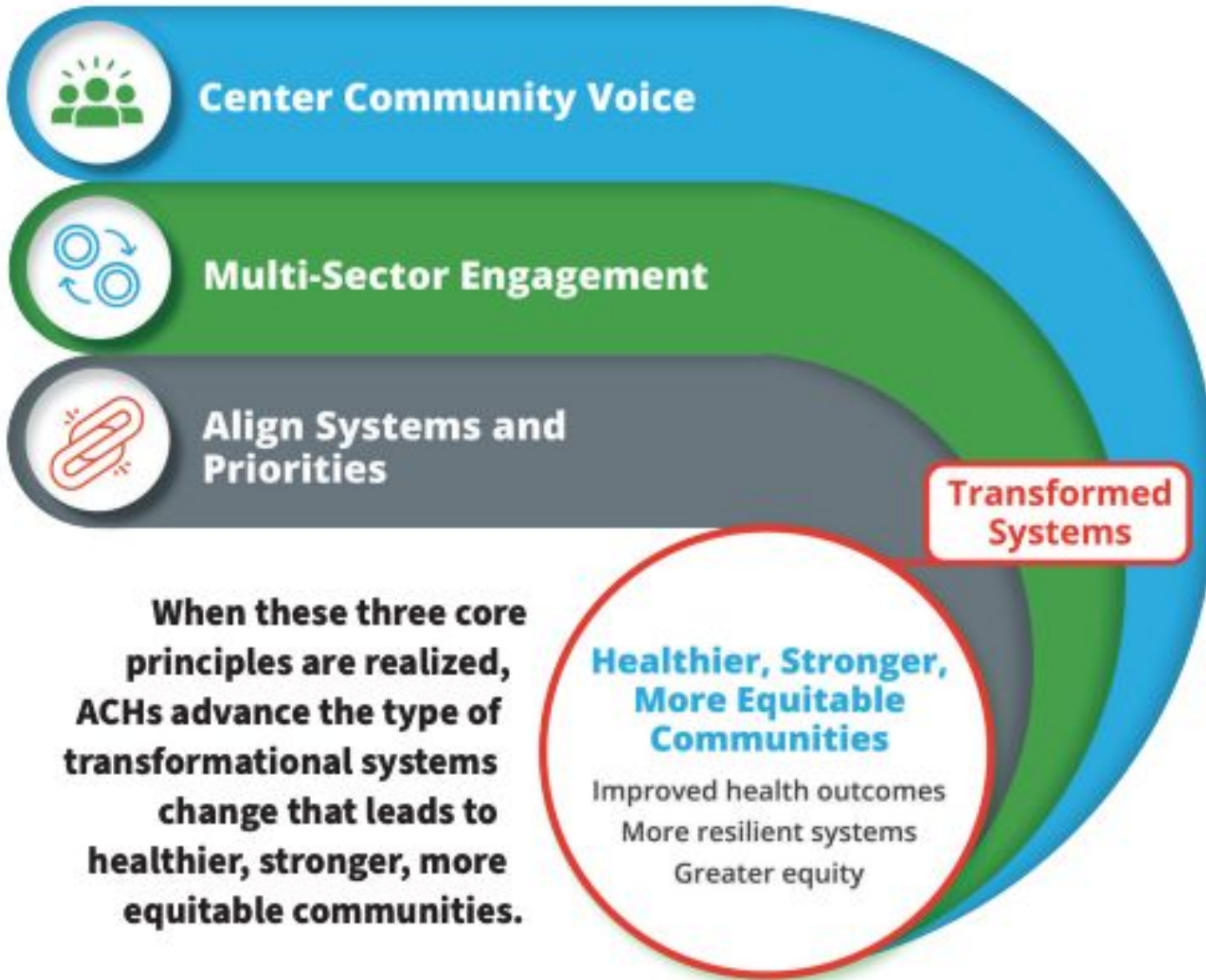
# Accountable Communities for Health (ACH)

A place where communities come together to make change happen.



Because no single entity can solve today's complex health problems alone.





# Developing an ACH is an Iterative Process

## BUILDING THE FOUNDATION

- Identify a common need or issue
- Recruit partners
- Initiate preliminary community outreach
- Identify potential leadership for ACH



## ESTABLISHING COLLABORATIVES

- Establish basic cross-sector partnerships
- Engage communities impacted by inequities
- Select backbone entity for ACH



## CREATING ACHs

- Agree to collective action
- Implement diversity, inclusion & equity principles
- Adopt a shared vision and goals
- Formalize governance structure



## STRENGTHENING ACHs

- Align strategies to address community-identified priorities
- Put most key elements in place, with a strong focus on equity
- Develop a sustainability plan



## SUSTAINING & GROWING ACHs

- Elevate resident & community leadership
- Implement elements of a sustainability plan



# Each stage involves making progress on 5 key goals:

## Five Key Goals

Solidify ACH infrastructure, including partnerships, governance, distributed leadership, etc.

Embed equity at a core principle and institute meaningful community participation

Develop and implement a coherent portfolio of actions

Develop and implement a multi-faceted sustainability approach

Collect and share data/information and communicate transparently to communities and stakeholders

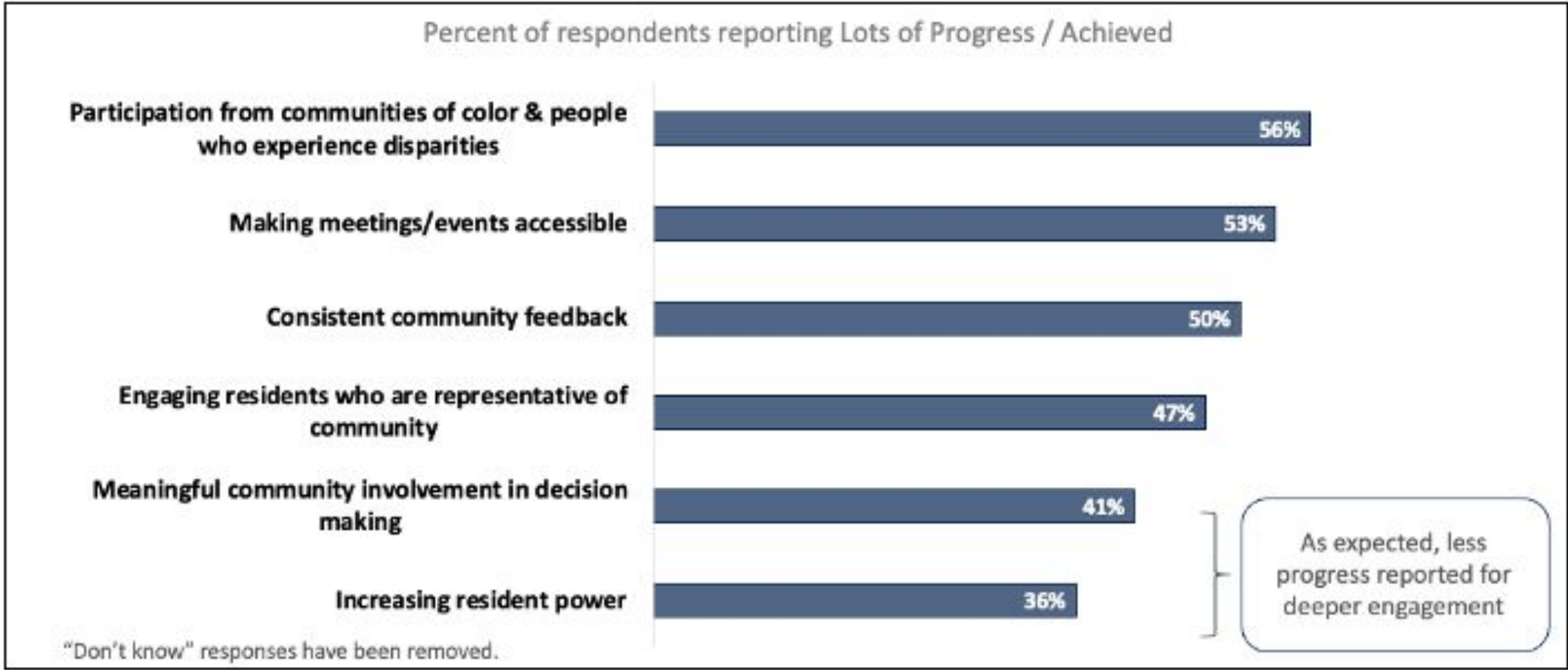




## Community Stewardship and Collective Accountability are Pre-Conditions to Lasting Systems Transformation

- ACHs that experienced the most growth and success embraced the concept of community stewardship and examined what role and responsibility each member/partner has in advancing the ACH goals
- The word stewardship forces you to ask ‘what is my responsibility, what more can my organization do, given its role in the community?’
- Systems change is possible when ACH partners elevate above their individual interests and recognize the opportunity to do more for the community by aligning with others and engaging in shared action

Table 2: Perceptions of Progress: Community Engagement



Data Source: 2021 CACHI Partner Survey (n = 149 respondents).

## Strategies for Community Engagement/Participation

- Hiring and training community members
- Compensating residents for meeting and/or leadership teams
- Empowering residents to decide on distribution of COVID funding
- Incorporating residents into the governance structure

*“Pre-COVID, we had community connectors and resident leaders that wanted to focus on social connectedness, but this wasn’t on the radar of health sector partners. We were more focused on heart disease, but the community made a case for it...We did some research and found all these connections between social connectedness to heart disease, and this lifted up a whole new area for us.”*

*-- W. Sacramento ACH Stakeholder*





# Shawn Tester

MSOL, CEO, Northeastern Vermont Regional Hospital



CALEDONIA + SOUTHERN ESSEX  
*Accountable Health Community*

“*Large scale social problems* require a systemic approach to social impact that focuses on the *relationships between organizations* and the progress toward *shared objectives*.”

# Structure & Focus areas

A community centered entity responsible for improving the health of a defined population in a *geographical area* by integrating clinical services, public health and community services.

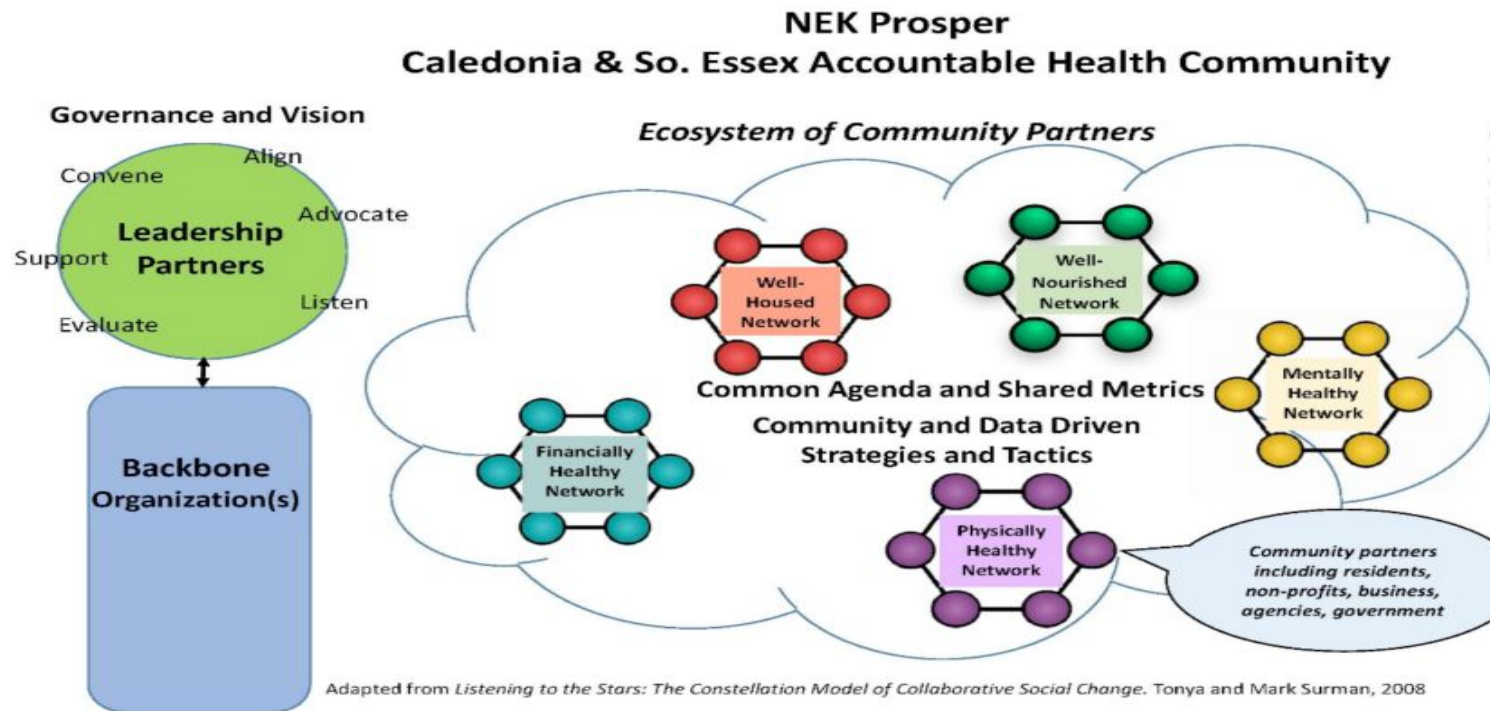
- Convene diverse stakeholders and create a common vision
- Conduct a community health needs assessment to prioritize needs
- Build and manage a portfolio of interventions
- Monitor outcomes and implement rapid cycle improvements
- Support transition to value based payment and global budgets
- Facilitate coordinated network of community based services
- Leadership Team/ Member organizations





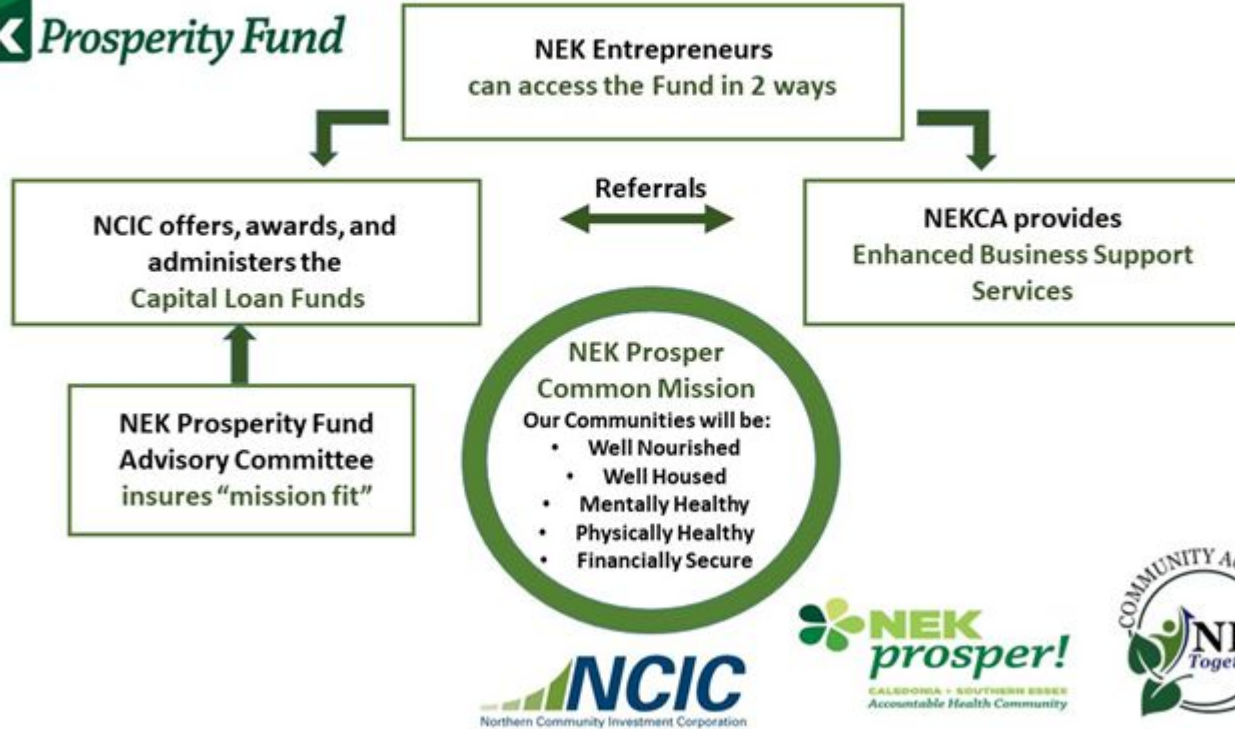
# Success Stories....

- ❖ “Veggie Van Go”
- ❖ Winter Gear Lending Library
- ❖ The St. J Community “HUB”
- ❖ Medicaid Transformation Pilot



# Highlight: The Prosperity fund

 *A Collaboration between NCIC and NEKCA in Partnership with NEK Prosper*



# Lessons learned & today's status



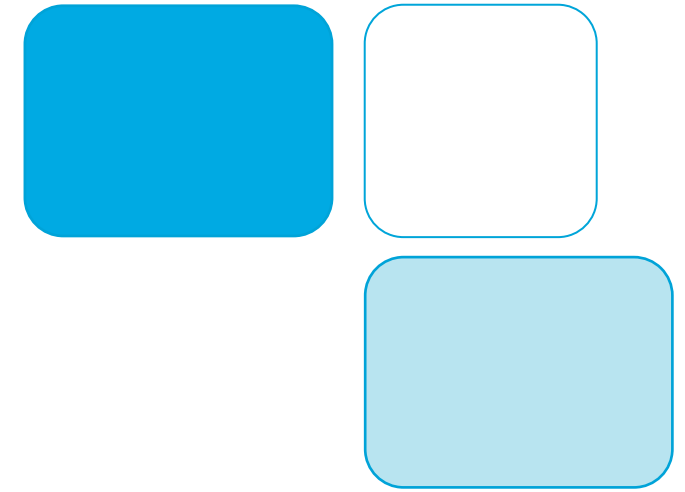
- ❖ “Change moves at the speed of trust.”
- ❖ The COVID impact.
- ❖ Integrating health equity into our mission.
- ❖ Navigating Leadership transitions.
- ❖ How can hospitals support investments in a ‘no margin’ world?





# Charley Martin-Berry

Executive Director, Community Caring Collaborative

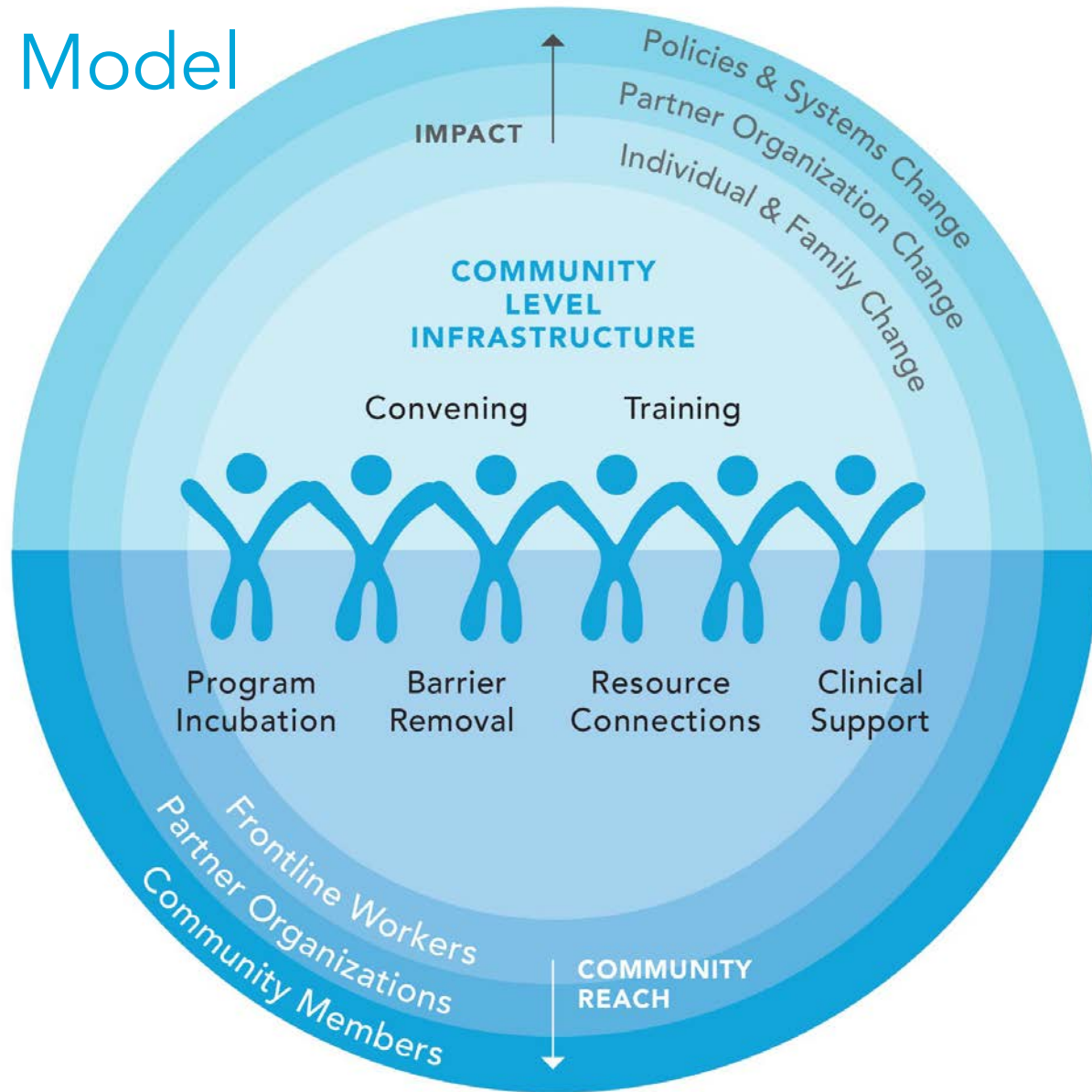


Nurturing and sustaining collaboration that expands resources and increases hope, health, and well-being for people in Washington County and Passamaquoddy Communities in Maine.





# CCC Model



# CCC offerings

## Convenings

### Standing

- Community Members
- Front-line staff
- Agency directors

### Also

- State partners
- Input and Planning sessions
- **Vision Day**

## Training & TA

### Core Values

- Trauma informed
- Poverty informed
- Substance use informed
- Culturally Competent

### Also

- Reflective Practice
- Stress & Self Care

## Barrier Removal

### To all partners

- Hope Fund
- Dream Fund
- Joy Fund

### Also

- Flex funds for incubated programs



# Offerings continued

## Clinical Supports

Program-level support to partner agencies and incubated programs

Staff-level clinical consultation

Reflective practice

Self care trainings and retreats

## Resource Connections

Needs and Offers

Weekly newsletter

Resource Connections

Facebook Page

The Connection Initiative

## Program Incubation

Responsive - those impacted are designers

Strengths-based

Evidence informed

Aligns contributions

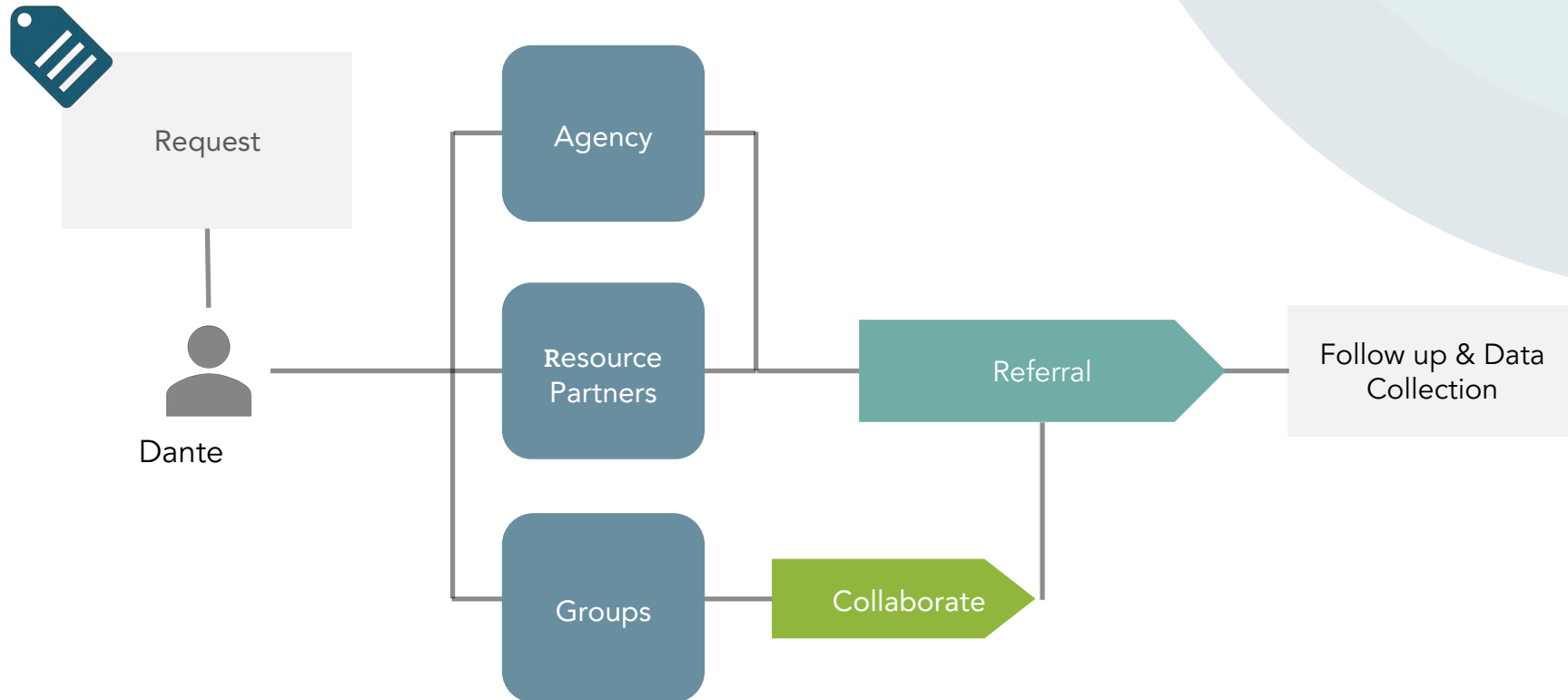
Data-driven

Measured & sustained



# The Connection Initiative:

*connecting community members to resources with care, compassion, and options.*



# Contacts:

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# Resources:

- [Population Health Innovation Lab Brief on Multi-Sector Collaboration](#)
- Two versions: [CACHI Insights from the Field](#) or [CACHI Insights from the Field](#)
- [Health Affairs blog on health plan reinvestment](#) (please share this with Anne E. as well. She may find it useful for her presentation.)
- [ACH infrastructure/backbone characteristics](#)
- Organizational case study:  
<https://peerta.acf.hhs.gov/content/case-study-collaborative-approach-improving-community-based-services-people-low-income>
- Rural Health Action Network - [Health Related Social Needs Final Report](#)
- <https://www.nerha.org/maine-rural-health-action-network>
- [CACHI Latest News](#)





Thank you for  
attending!