

*Four-Part Learning Collaborative*

**Community Partnerships to Address the  
Consequences of the COVID-19 Pandemic  
Among Residents of Public Housing**

Part One

Thursday, October 22, 2020



# WELCOME!



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# NATIONAL NURSE-LED CARE CONSORTIUM

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services



# NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING

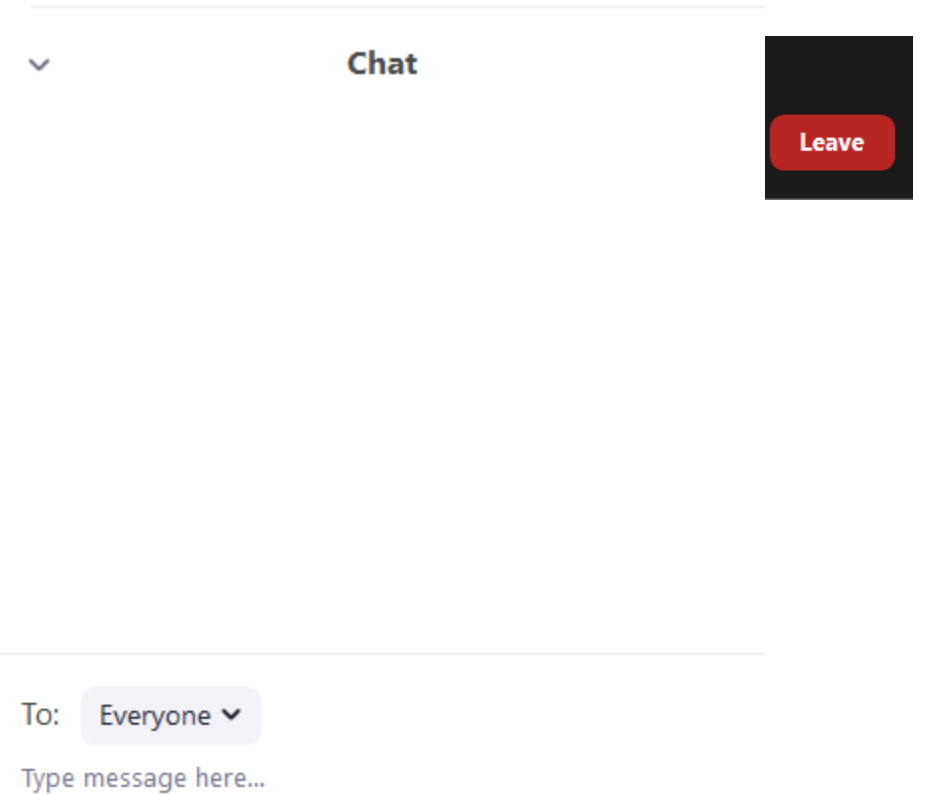
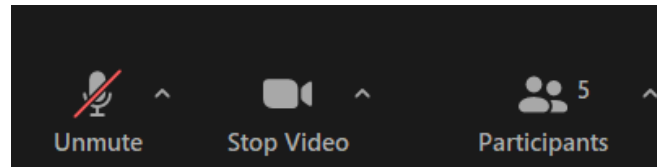
# HOUSEKEEPING

## Zoom Tips

- Videos on!
- Mute when not speaking
- Engagement
- Breaks when you need them

## Follow-up Items

- Brief survey poll at the end of the module
- CME/CNE credit link to be shared in chat and on Bridge
- “Pitch” your partnerships!



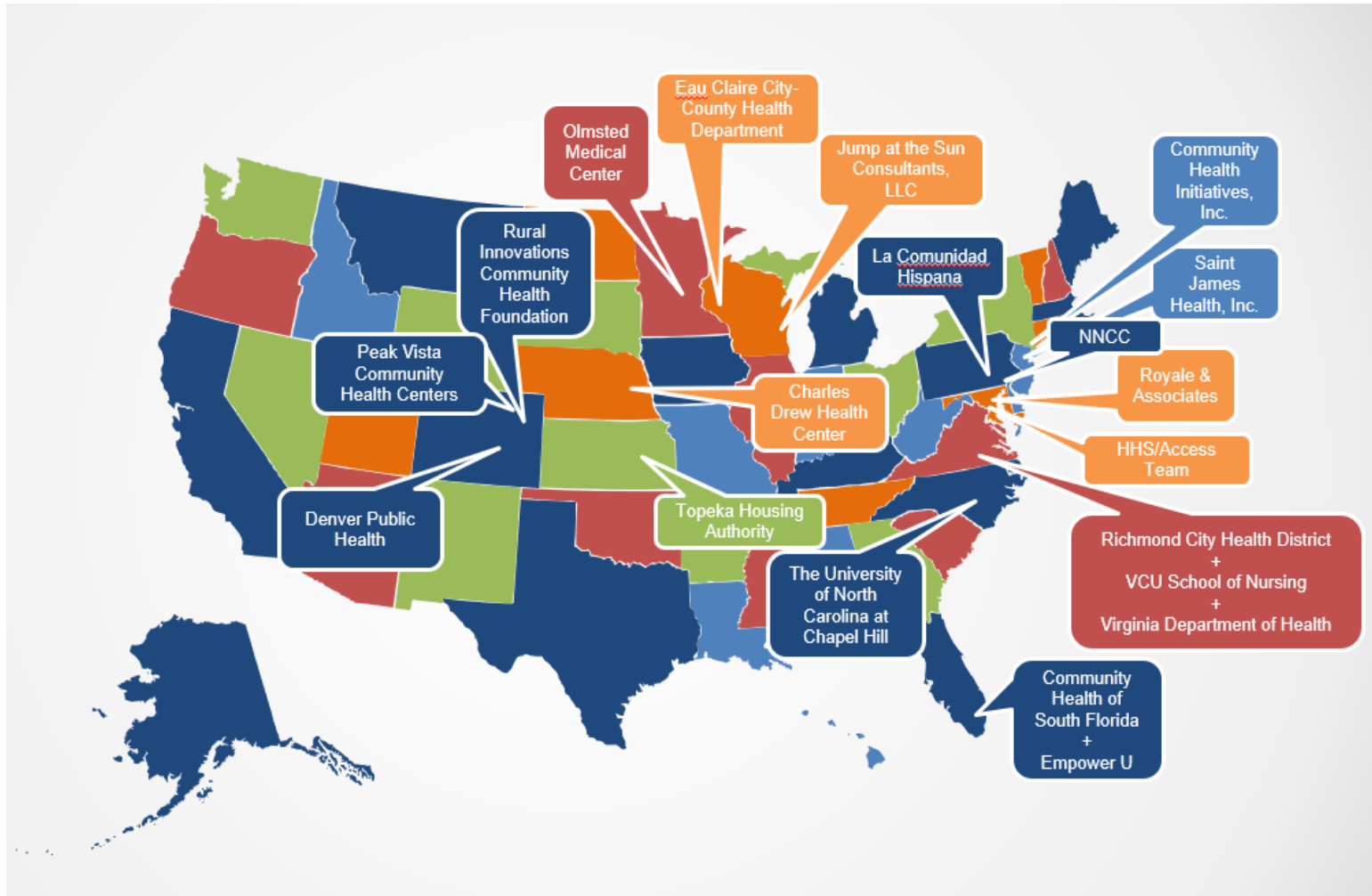
# BRIDGE

# TODAY'S PARTNERSHIP SHOWCASE



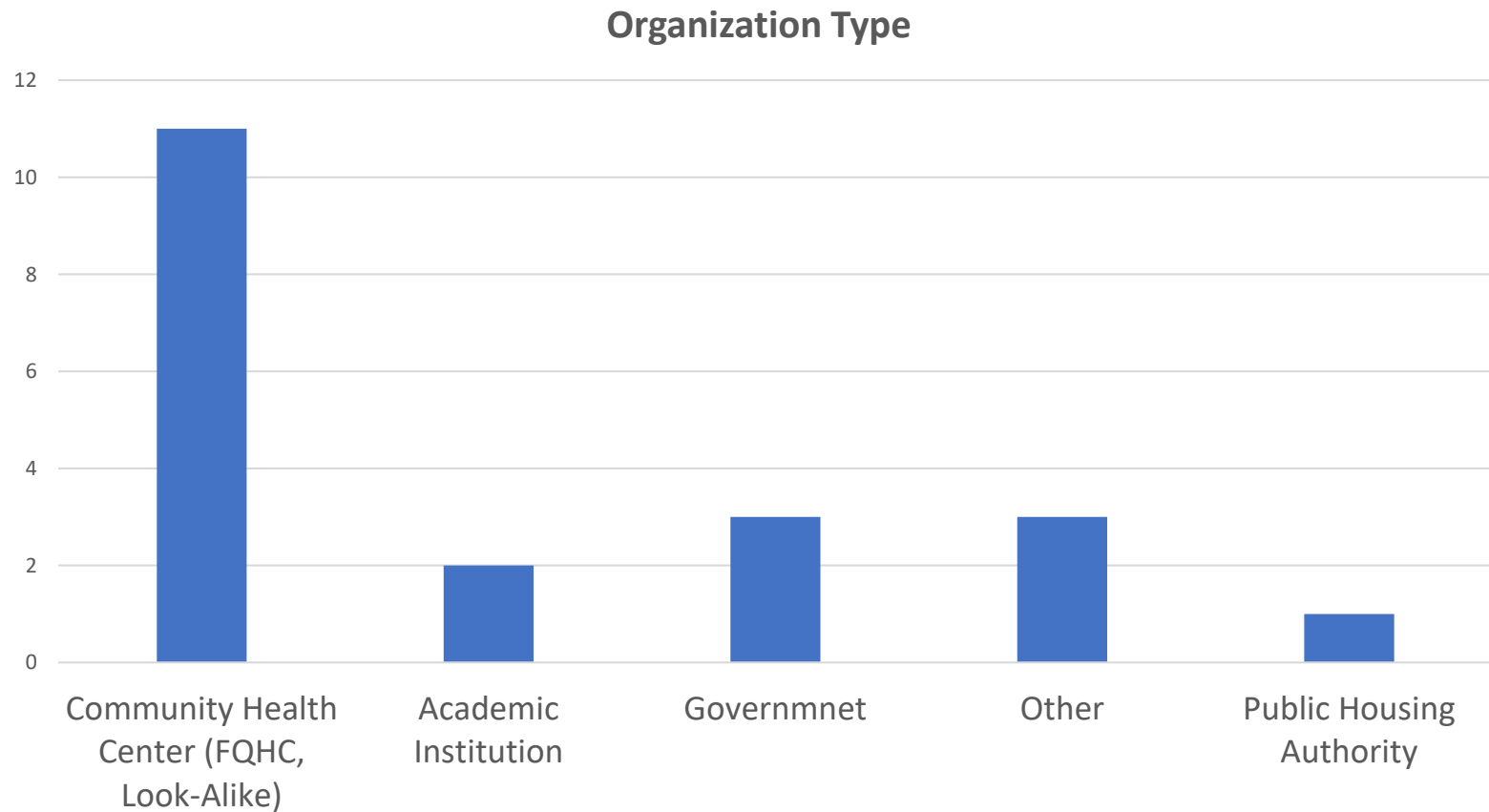
**Donisha Reed, MPH**  
*Program Manager – Population  
Health & Wellness*  
TCA Health, Inc.

# ABOUT YOU – YOUR LOCATION





# ABOUT YOU – YOUR ORGANIZATIONS



# ABOUT YOU – REASONS FOR JOINING

“How we can improve in developing these relationships with the community.”

“Learn more about examples to help our communities address housing during COVID-19.”

“Learn more about how others are working with partners.”

“To gain more insight on public housing and primary care.”

# ABOUT YOU – EXPECTATIONS

“Sharing of ideas that work in the inner cities of America.”

“Increase understanding of how the COVID-19 pandemic has affected public housing recipients to identify strategies effective in minimizing health risks—and apply to our delivery of healthcare and interventions.”

“To learn how to better serve the most vulnerable population.”

**SOCIAL DETERMINANTS  
OF HEALTH:  
THE FOUNDATION OF  
COMMUNITY PARTNERSHIPS**

**Thursday, October 22<sup>nd</sup>  
1pm – 2pm**



**Emily Kane, MPA**  
*Senior Program Manager*  
National Nurse-Led  
Care Consortium

# Poll 1

**Health** is a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.

- World Health  
Organization



# Poll 2

## **Health equity**

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

- Robert Wood Johnson  
Foundation



# Poll 3

**Social determinants of health** are circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

- World Health  
Organization



## Poll 4

A health disparity is a higher burden of illness, injury, disability, or mortality experienced by one group relative to another.

- Kaiser Family Foundation





# What are social determinants?

- Drive an estimated 80% of health outcomes
- Impact both individual and population health
- Impact every industry and discipline, and require a multi-sector approach
- Affect every race, gender, sexuality, religion, etc.
  - Some populations are more likely to be impacted by SDOH than others



# Health outcomes

- Higher rates of chronic disease, including cardiovascular disease ([American Health Association](#))
- Higher rates of obesity ([American Diabetes Association](#))
- Higher rates of asthma and other diseases caused by pests and pollutants ([Allergy & Asthma Proceedings](#))
- Higher infant mortality rates ([Office of Minority Health](#))
- Disproportionate risk for contracting communicable diseases ([Health Affairs](#))



Figure 1

# Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# Case Example: Housing



<https://youtu.be/Ws4lr5wtHwM?t=20>



# How can we partner?

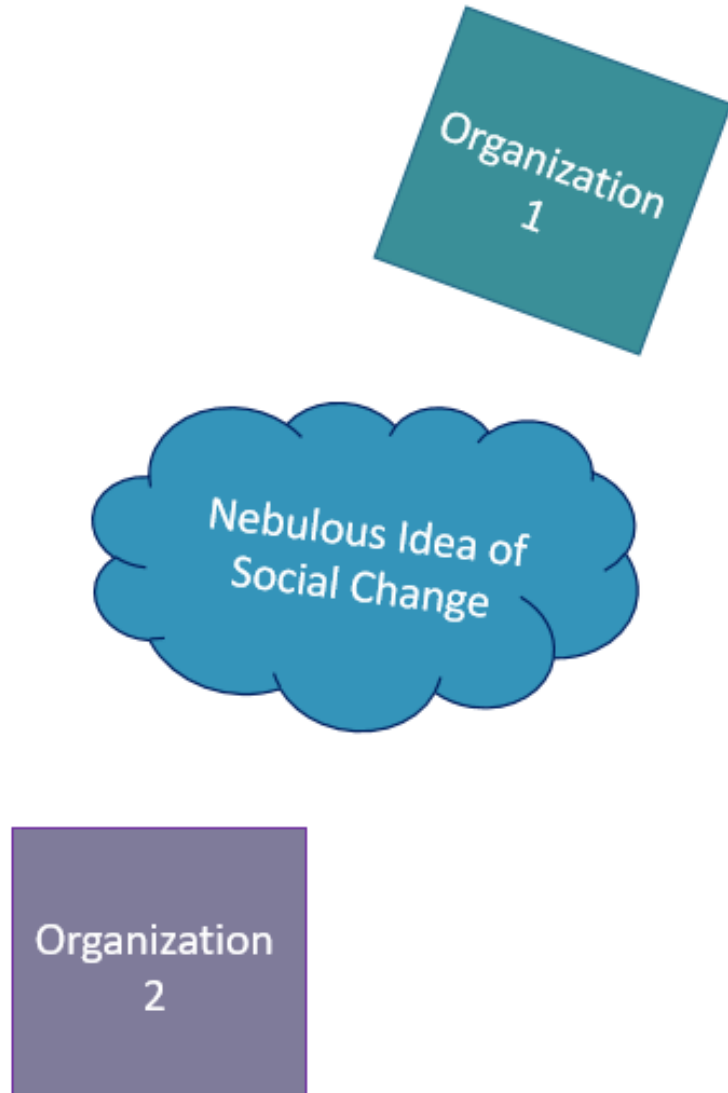
## The LINKAGE Framework

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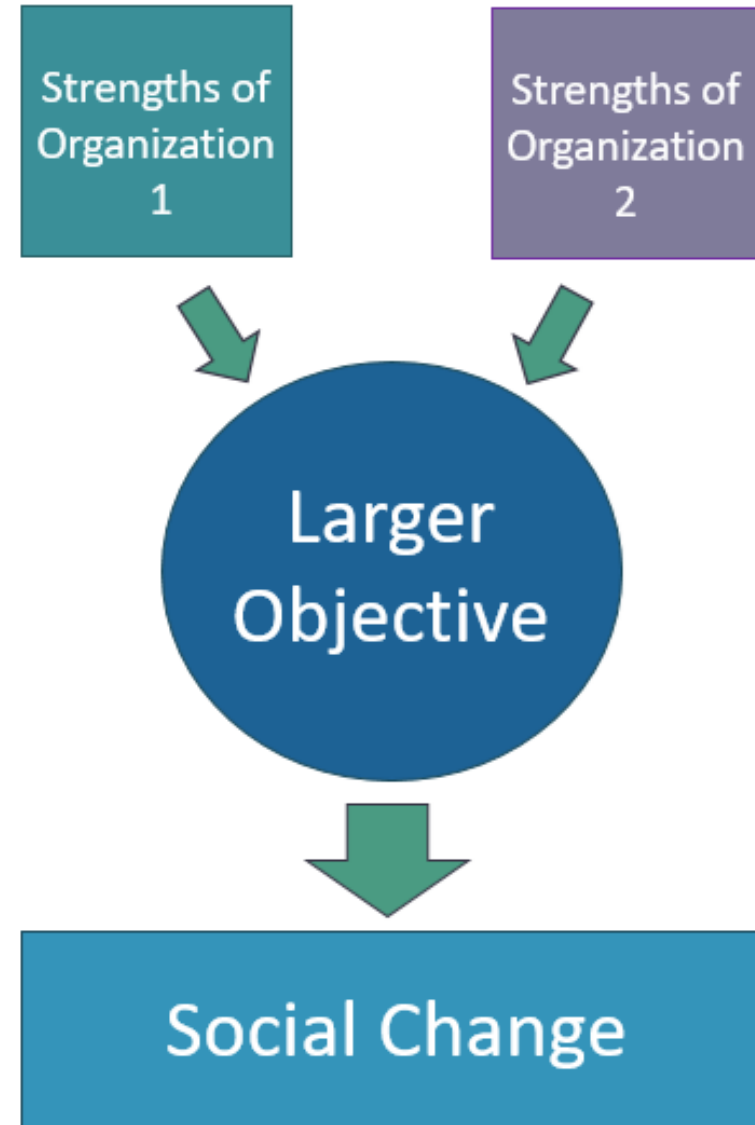
- L**earn about the community and clinical sectors.
- I**dentify and engage key stakeholders from the community and clinical sectors.
- N**egotiate and agree upon goals and objectives of the linkage.
- K**now which operational structure to implement.
- A**im to coordinate and manage the linkage.
- G**row the linkage with sustainability in mind.
- E**valuate the linkage.



## Before a Partnership



## After a Partnership



	Cooperation	Coordination	Collaboration
Partnership Continuum	<ul style="list-style-type: none"> <li>- Informal relationships</li> <li>- Shared information only</li> <li>- Separate goals, resources and structures</li> </ul>	<ul style="list-style-type: none"> <li>- Long-term effort around a project or task</li> <li>- Some planning and division of roles</li> <li>- Some shared resources, rewards and risk</li> </ul>	<ul style="list-style-type: none"> <li>- Durable and pervasive relationships</li> <li>- New structure with commitment to common goals</li> <li>- All partners contribute resources and share rewards &amp; leadership</li> </ul>
Examples	<ul style="list-style-type: none"> <li>- Community center promotes health center services; health center promotes community center services/events</li> </ul>	<ul style="list-style-type: none"> <li>- Health center operates as guest speaker in a health class on diet and physical activity in a school to meet academic requirements</li> </ul>	<ul style="list-style-type: none"> <li>- MOU between health center and school for health center to perform sports physicals at the start of each semester</li> </ul>

# Next Steps

- Define shared population and goals
- Start small – pilot a partnership
- Codify the partnership through an SOP or MOU
- Incorporate partnerships into staff orientation
- Obtain patient/resident feedback on a regular basis





# References

1. WHO remains firmly committed to the principles set out in the preamble to the Constitution. World Health Organization. Access [here](#).
2. What is health equity? Robert Wood Johnson Foundation. Access [here](#).
3. What are health inequities or inequalities? World Health Organization. Access [here](#).
4. Disparities in Health and Health Care: Five Key Questions and Answers. Kaiser Family Foundation. Access [here](#).
5. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. Kaiser Family Foundation. Access [here](#).
6. Going Upstream: How our State Budget, Revenue, and Policies can Improve Health. Massachusetts Budget and Policy Center. Access [here](#).
7. Social Determinants of Health 101 for Health Care: Five Plus Five. National Academy of Medicine. Access [here](#).



# References (cont.)

8. PARTNERSHIP FOR HEALTHY COMMUNITIES: Structural Racism as a Fundamental Cause of Health Inequities. University of Delaware Community Engagement Initiative. Access [here](#).
9. Structural Racism, Social Risk Factors, and Covid-19 — A Dangerous Convergence for Black Americans. Leonard E. Egede, M.D., and Rebekah J. Walker, Ph.D. Access [here](#).
10. Levels of racism: a theoretic framework and a gardener's tale. CP Jones. Access [here](#).
11. “Weathering” and Age Patterns of Allostatic Load Scores Among Blacks and Whites in the United States. Arline T. Geronimus, ScD, Margaret Hicken, MPH, Danya Keene, MAT, and John Bound, PhD. Access [here](#).
12. Expenditure Reductions Associated with a Social Service Referral Program. Zachary Pruitt, Nnadozie Emechebe, Troy Quast, Pamme Taylor, and Kristopher Bryant. Access [here](#).



**What's one promising practice you took away from Donisha's presentation?**

**what could you see as a barrier for implementation for your health center?**

**Who in your community could you approach to create a partnership(s) similar to the one(s) Donisha described?**

# THANK YOU!

- Next module on November 5<sup>th</sup> at 1pm
- Complete CME/CNE form: <https://www.proprofs.com/quiz-school/story.php?title=102220-module-1-partnerships-to-address-social-determinants-of-healthvy>
- Post in discussion forum on Bridge
- Volunteer to pitch your partnership(s)