Leveraging Partnerships in Outcomes-Based CHNA Programming

How many of you worked closely with Community Stakeholders to identify the CHNA priorities?

Worked closely with community stakeholders in developing and implementing the CHNA strategies?

What are your organization’s CHNA priorities?

Healthy Lakewood Pilot Outcomes

Pre-Program Survey
Healthy Lakewood Pilot Outcomes

“It’s significant to note that the Healthy Lakewood program has had an overall impact on these individuals in terms of feeling less overwhelmed, more goal oriented, and more positive.”

Healthy Lakewood Pilot Outcomes

“Participants moved nearly a PAM level on average, which is impressive. Based on these numbers, it can be concluded that the program included a fairly high frequency of interaction with the coaches. Overall the data show that participants increased their knowledge, skills, and confidence (activation) as a result of the program.”
Connecting to the CHNA

- Questions:
  - Can a hospital-led effort effectively employ the organizational competencies of community partners?
  - Could an idea-to-action deployment model be depended upon to create future programming?
  - Are measured outcomes enough to evolve a project-specific model?

- Parameters:
  - True community partner
  - Stewardship of organizational resources
  - Role as anchor institution
  - CHNA commitments and priorities
  - Speed to market

Background Hypotheses

- Health education as standalone effort has failed
- Health education + activation opportunities can help obtain behavior change
- Self-directed (and supported) change efforts will be more successful
- What is missing: the “right” type of conversation; individualized support and assistance

Healthy Lakewood Pilot Overview

- Six-month “Supportive Guide” program to help participants overcome ambivalence to change
- Pre/Post Measures: Activation (PAM), BMI (bio-impedance analysis), Quality of Life survey (self-reported)
- Built upon: Chronic Disease Self-Management (CDSM), Motivational Interviewing (MI), self-direction, and action planning
Healthy Lakewood “Guide” Model

- Guides met with clients and utilized motivational interviewing to help clients overcome ambivalence to change
- Self-directed change over direct persuasion
- Build action planning skills (CDSM)
- Connection to community resources
- Guided toward activation (putting knowledge into practice) opportunities

Healthy Lakewood Partners

- St. Anthony Hospital – coaching model: Motivational Interviewing, Action Planning
- Consortium for Older Adult Wellness – Chronic Disease Self-Management
- City of Lakewood – activation opportunities; Community Health Liaison

Development and Deployment

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
<th>March</th>
<th>April</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial partner brainstorm meeting to develop program concept</td>
<td>Process development (weekly meetings, process flows with post-it notes)</td>
<td>Outcome measure creation</td>
<td>Clients contacted (former Health Passport members responded to postcard)</td>
<td>Program Launch (mid-month, ended in September)</td>
</tr>
</tbody>
</table>
Program Timeline

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Weeks 2-7</th>
<th>Weeks 8-23</th>
<th>Week 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program introduction with Guide</td>
<td>Healthier Living Colorado (branded Chronic Disease Self-Management)</td>
<td>Introduction to City of Lakewood recreation opportunities</td>
<td>Pre/post BIA analysis with City of Lakewood recreation staff</td>
</tr>
<tr>
<td>Pre-Assessment</td>
<td></td>
<td>Regular meetings with Community Health Liaison</td>
<td>Program conclusion with Guide to include sustainability conversation</td>
</tr>
<tr>
<td>- BIA</td>
<td>- Self-Mgmt</td>
<td>Regular meeting with Guide</td>
<td></td>
</tr>
<tr>
<td>- Quality of Life Survey</td>
<td>- Problem solving</td>
<td>- Once every three weeks</td>
<td></td>
</tr>
<tr>
<td>- Patient Activation Measure</td>
<td>- Action planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Education</td>
<td>- Health education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Comm. skills</td>
<td>- Comm. skills</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Old Model vs. New Model

<table>
<thead>
<tr>
<th>Old</th>
<th>Vs.</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for...</td>
<td>Caring with ...</td>
<td>Patient led ...</td>
</tr>
<tr>
<td>Provider directed ...</td>
<td></td>
<td>Individual needs ...</td>
</tr>
<tr>
<td>System agenda ...</td>
<td></td>
<td>Whole Person...</td>
</tr>
<tr>
<td>Physical health</td>
<td></td>
<td>Iterating ...</td>
</tr>
<tr>
<td>Extensive planning ...</td>
<td></td>
<td>Outcomes ...</td>
</tr>
<tr>
<td>Activity ...</td>
<td></td>
<td>Education + activation ...</td>
</tr>
<tr>
<td>Education alone ...</td>
<td></td>
<td>Community based ...</td>
</tr>
<tr>
<td>Community focused ...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Our Principles

- Speed
- Try Lots of Things
- Start Small
- Outcomes at the Outset
- How to Scale
- Iterate
- Acknowledge Risk Tolerance
- We’re Going to Fail
Activation Exercise

Speed Assessment:
1. Partner Relationships and Engagement
2. Organizational Strengths
3. Speed Gap Opportunity
4. Shared Outcomes

Meet your accountability partner and exchange contact information.

What’s Next for Healthy Lakewood

• Implementation based in primary care office
• Four months
• Belmar 1, 2
• Wheat Ridge
• Lakewood 2

• Community Health Advocate (paid)

Q & A
Leveraging Partnerships in Outcomes-Based CHNA Programming

Presenters:
Ben Wiederholt, MA, MHA
Vice President Mission Integration
Contact: benwiederholt@centura.org

Gaye Woods, MBA
Group Director Community Health Improvement
Contact: gayewoods@centura.org

Drew Weilage
Director Health Passport
Contact: drewweilage@centura.org